

Chief Executive Officer
Chris Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Regular Meeting Agenda
July 26, 2023 @ 1:00 PM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 HWY 299 E, Fall River Mills, CA
Microsoft Teams Meeting: [Click Here to Join](#)
Meeting ID: 278 056 163 18 Passcode: 3SJIwg
Call In Number: 1-279-895-6380
Phone Conference ID: 282 456 930#

Mission Statement

Mayers Memorial Healthcare District serves the Intermountain area, providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff, and innovative technology.

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, ext 1264 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	2.1 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.			
3	APPROVAL OF MINUTES			
	3.1	Regular Meeting –June 28, 2023	Attachment A	Action Item 1 min.
	3.2	Special Meeting – June 28, 2023	Attachment B	Action Item 1 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1	Resolution 2023-11 – June Employee of the Month	Attachment C	Action Item 2 min.
	4.2	Safety Quarterly Dana Hauge	Attachment D	Report 2 min.
	4.5	Outpatient Medical Michelle Peterson	Attachment E	Report 2 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1	Committee Meeting Report: Chair Humphry		Report 5 min.
	5.1.2	June 2023 Financial Review, AP, AR and Acceptance of Financials		Action Item 5 min.
	5.1.3	Veregy Solar Project	Attachment F	Discussion/ Action Item 10 min.

5.2	Strategic Planning Committee – No June Meeting			
5.3	Quality Committee			
5.3.1	Committee Report – DRAFT Minutes Attached	Attachment G	Information	5 min.
6	OLD BUSINESS			
6.1	Ambulance Services Update		Discussion	10 min.
7	NEW BUSINESS			
	Policies & Procedures			
7.1	1. Clinic Phone Services 2. Core Privilege in Oncology 3. Scope of Services – Clinic 4. Use of Propofol (Diprivan) for Ventilator Management	Attachment H	Action Item	2 min.
7.2	Seismic Compliance Plan Approval	Attachment I	Action Item	5 min.
8	ADMINISTRATIVE REPORTS			
8.1	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>			
8.1.1	Chief Financial Officer – Travis Lakey		Report	5 min.
8.1.2	Chief Human Resources Officer – Libby Mee		Report	5 min.
8.1.3	Chief Public Relations Officer – Val Lakey	Attachment J	Report	5 min.
8.1.4	Chief Clinical Officer – Keith Earnest		Report	5 min.
8.1.5	Chief Nursing Officer – Theresa Overton		Report	5 min.
8.1.6	Chief Operation Officer – Ryan Harris		Report	5 min.
8.1.7	Chief Executive Officer – Chris Bjornberg		Report	5 min.
9	OTHER INFORMATION/ANNOUNCEMENTS			
9.1	Board Member Message: Points to highlight in message		Discussion	2 min.
10	MOVE INTO CLOSED SESSION			
	Medical Staff Credentials – Government Code 54962			
	STAFF STATUS CHANGE			
	1. Chen Zhao, MD (UCD) to Inactive			
	2. Desiree Levyim, MD to Inactive			
	AHP APPOINTMENT			
	1. George Winter, FNP – Emergency			
	MEDICAL STAFF APPOINTMENT			
10.1	1. Zachary Franks, DO – Radiology 2. Yelena Usmanova, MD (T2U) - Neurology		Action Item	5 min.
	MEDICAL STAFF REAPPOINTMENT			
	1. Sheela Toprani, MD (UCD)			
	2. Mustafa Ansari, MD (UCD)			
	3. Sean Pitman, MD – Pathology			
	4. Richard Leach, MD – Emergency			
	5. Mark Ramus, MD – Pathology			
	6. Aaron Babb, MD – (MVHC) Family Med.			
11	RECONVENE OPEN SESSION			
12	ADJOURNMENT: Next Meeting August 30, 2023			

Posted 07/21/2023

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at www.mayersmemorial.com.

Chief Executive Officer
Chris Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Regular Meeting
Minutes
June 28, 2023 – 1:00 pm
Burney Boardroom & Microsoft Teams

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

CALL MEETING TO ORDER: Abe Hathaway called the regular meeting to order at 1:09 PM on the above date.

	BOARD MEMBERS PRESENT: Abe Hathaway, President Jeanne Utterback, Vice President Tom Guyn, M.D., Secretary Tami Humphry, Treasurer Lester Cufaude, Director	STAFF PRESENT: Chris Bjornberg, CEO Travis Lakey, CFO Ryan Harris, COO Theresa Overton, CNO Keith Earnest, CCO Valerie Lakey, CPRO Libby Mee, CPRO Amy Parker, Patient Access Manager Sherry Yochum, Housekeeping Manager Lori Gibbons, Medical Records Manager Jessica DeCoito, Board Clerk
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE	
3	APPROVAL OF MINUTES	
3.1	A motion/second carried; Board of Directors accepted the minutes of May 31, 2023.	<i>Humphry, Utterback</i> <i>Approved by All</i>
4	DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS	
4.1	A motion/second carried; Jed Roca was recognized as April Employee of the Month. Resolution 2023-09. Jed goes above and beyond to provide excellent care for his patients. He has been a very positive and outspoken leader for his team. Very deserving of this award.	<i>Utterback, Cufaude</i> <i>Approved by All</i>
4.2	Patient Access: written report submitted. No further questions.	
4.3	Medical Records: written report submitted. Clarifications on birth certificates was provided.	
4.4	Environmental Services: written report submitted. The power point that was created to help educate the staff on soiled linen has proven to be helpful with the current flow of laundry coming in. This presentation will be included in Relias and ED training.	
4.5	Hospice Quarterly Report: written report submitted. We are hopeful to pick back up with MatrixCare to get the new EMR set up. Without knowing what will happen to the Arts & Trophies building, Hospice is using space at the Pit River Lodge for our patient care equipment.	
5	BOARD COMMITTEES	
5.1	Finance Committee	

5.1.1	Committee Report: Our A/R is coming down and cash on hand is sitting at decent days of 224. Retail Pharmacy just doesn't have the volumes that we would like to see. We are hoping that changing our GPO gives us better prices for meds, and constantly evaluating 340B will help improve the bottom line.		
5.1.2	May 2023 Financials: motion moved, seconded and carried to approve financials.	<i>Humphry, Utterback</i>	<i>Approved by All</i>
5.1.3	Annual Budget Hearing – Approval of FY2024 Budget – Resolution 2023-10: review of provided budget was conducted. Notes on each line item were discussed. Conservative figures used for each line item.	<i>Cufaude, Humphry</i>	<i>Approved by All</i>
5.1.4	Master Planning Criteria Documents: criteria documents were already approved on resolution 2022-12 but this serves as a reminder that we have this option. The criteria documents will include design of construction for site work, acute building, remodel of surgery, dietary, NPC deadline work, deferred maintenance, remodel of arts and trophies building, carve out building for additional services, etc.		
5.1.5	Nutanix Quote Approval: Our Citrix endeavor began in 2019 and in our 4 th year of operating, we have maxed out the capacity and need to expand. This was projected in our initial approval back in 2020, and as predicted, we have outgrown the capacity and need to upgrade for required programming needs.	<i>Utterback, Guyn</i>	<i>Approved by All</i>
	Motion moved, seconded and carried to send to full Board for approval.		
5.2	Strategic Planning Committee Chair Utterback: No May Meeting		
5.3	Quality Committee Chair Guyn: DRAFT minutes attached		
5.3.1	Review of the DRAFT minutes was conducted. No further questions.		
6	OLD BUSINESS		
6.1	Ambulance Services: Transfer of EMS services happened on Monday, June 26 th at 8:00 am with no disruptions to services. We are continuing to work through little issues to transfer ownership on the ambulance we purchased. We will meet this next month with our collaborative group to continue planning the 299 Corridor EMS Services.		
6.2	Approval of Master Plan: Master Plan packet provided in the Board packet. Review of Master Plan was conducted. No further questions.		
	We will bring our Seismic Compliance plan to the next Board meeting for approval.	<i>Utterback, Guyn</i>	<i>Approved by All</i>
	Motion moved, seconded and approved.		
7	NEW BUSINESS		
7.1	Hazard Vulnerability Assessment Approval: Annual requirement for each campus to identify the hazards that we can plan, train and prepare for. Our Safety committee met and provided all the data that is presented in the packet.	<i>Humphry, Guyn</i>	<i>Approved by All</i>
	Motion moved, seconded and approved.		
8	ADMINISTRATIVE REPORTS		
8.1	Chief's Reports: written reports provided in packet		
8.1.1	CFO: National Service Health Corps application was submitted last week. Charge Master has been submitted to HCAI.		
8.1.2	CHRO: Hopeful to fill open positions for EMS Services with two new applications received. Recruiter is streamlining the organization of information for a dashboard to be used.		
8.1.3	CPRO: Thank you for working on the Call Tree!! Still a lot of updates to get into the call tree. SB525 – could be a staggered increase, and a possibility for Rural and Distressed healthcare facilities. Golf Tournament is set for August 12 th – volunteers and helpers needed. Foundation Volunteers and Mary Rainwater have been spending a lot of time working on much needed organization of items to maximize the funds for Hospice.		
8.1.4	CCO: Lab Analyzer continues to provide issues for us. We are currently working on a new machine with a different vendor/brand.		

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- 8.1.5 **CNO:** Plans are being set up for 340 (resident to resident encounters) CDPH flags to train staff on proper procedures and other steps to take to help mitigate 340s. Interim Surgery Manager will stay on with MMHD through November 18th to help us go live with Cerner and then see us through the opening of Surgery in October.
- 8.1.6 **COO:** Mobile Clinic passed CDPH Survey – July 10th is the opening day with Open House on July 13th. Continue to work with getting more Partnership patients in the RHC.
- 8.1.7 **CEO:** Continue to have conversations with MVHC about service offerings at MMHD. Cerner update provided.

9 OTHER INFORMATION/ANNOUNCEMENTS

- 9.1 Board Member Message: Employee of the Month, Ambulance Update, Master Plan approval for District, Opening Day of Mobile Clinic & Open House, Sports physicals, CNA class on August 17th, resuming surgery procedures in October, updated phone tree

10 MOVE INTO CLOSED SESSION: 3:38 PM

- 10.1 **Personnel – Govt Code 54957** Discussion/
Action
CEO Evaluation & Contract

Successfully extended contract for 5 years.

ADJOURNMENT: 3:55 PM
Next Meeting July 26, 2023

I, _____, Board of Directors _____, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Healthcare District

Board Member

Board Clerk

Chief Executive Officer
Chris Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Special Meeting
Minutes
June 28, 2023 – 11:30 pm
FR Boardroom

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board’s agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

CALL MEETING TO ORDER: Abe Hathaway called the regular meeting to order at 10:00 AM on the above date.

BOARD MEMBERS PRESENT:

Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Tom Guyn, M.D., Secretary
Lester Cufaude, Director

ABSENT:

STAFF PRESENT:

Chris Bjornberg, CEO

2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE

3 MOVE INTO CLOSED SESSION

3.1 Personnel – Government Code 54957
CEO Evaluation

**No Action
Taken**

Discussion took place. No action taken

4 OTHER INFORMATION/ANNOUNCEMENTS

5 ADJOURNMENT: 1:00 pm

Next Regular Meeting June 28, 2023 at 1:00 pm

I, _____, Board of Directors _____, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Hospital District

Board Member

Board Clerk



RESOLUTION NO. 2023-11

**A RESOLUTION OF THE BOARD OF TRUSTEES
OF MAYERS MEMORIAL HEALTHCARE DISTRICT RECOGNIZING**

Jasmine Garza

As June 2023 EMPLOYEE OF THE MONTH

WHEREAS, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contribution to MMHD; and

WHEREAS, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

WHEREAS, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

NOW, THEREFORE, BE IT RESOLVED that, Jasmine Garza is hereby named Mayers Memorial Healthcare District Employee of the Month for June 2023; and

DULY PASSED AND ADOPTED this 26th day of July 2023 by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAIN:

Abe Hathaway, President
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors

Safety Quarterly Board Report July 2023

Safety Officer: Dana Hauge appointed May of 2023

May 10, 2023. Attended the Region-III Tabletop Exercise hosted by the Shasta County Health Care Coalition and partners.

- The scenario was centered around a regional terrorist attack with a fictitious fertilizer plant explosion near the Mayers Hospital campus. The objective was to test a regional response to the area. It was deemed that it would take no less than 1.5 hours for a large-scale response to take place on that day. The drill was the perfect introduction to the new position instilling the need to be prepared to withstand a disaster on our own with the ability to respond efficiently without outside help.

ACHC

- ACHC requirements have been assigned with a combined effort of Safety Officer, Facilities and the Infection Control Officer managing applicable sections as a team. This team will also be the base foundation for a new committee required by ACHC entitled the Environment of Care Committee.
- A new app/program titled Veoci has been chosen and will be used as a tool to govern physical environment, life safety and emergency management data that is required by ACHC and CMS, with the Safety Officer in charge of the implementation.
- Due to the new requirements and regulations from the ACHC governance project it has been found that an increase in training is necessary. The gap analysis showed that the training must be in-depth and have increased participation and have detailed documentation.
 - A joint effort between Alex Johnson the Facilities Manager and the Safety Officer focuses on fire drills this quarter. Increased use of scenarios, blind drills for effectiveness and in-depth after-action reports will become a normal procedure. Currently plans for new education that teaches the ACHC requirements are being made with in person mandatory in-services for all departments to be scheduled for early fall and one on one education discussion occurring regularly.

E-Coli Disaster Response 7/12/2023- Current situation

On Wednesday July 12th the Burney Annex responded to the Boil Water Advisory with an immediate reaction from Facilities, Safety/Emergency Preparedness, Infection Control and Nursing staff in support of the staff and residents. At the time of writing this, the situation is currently active with our focus on resident care, staff needs and overall facility and human safety. Immediate needs were found to be water, food, safe bathing, infectious control measures and containment of the source of the contamination. Recovery discussions with focus on a smooth successful integration back into regular procedures are currently measured with the timeline of resolution given by the State Water Control Board.

Respectfully submitted by: Dana Hauge, CEAS, Safety Officer



People Pillar



Executive Leader: Chris Bjornberg

Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 7/19/2023

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<p>Increase active engagement in Safety and Emergency Preparedness Measures and Education for Staff with 45-50% participation.</p>	<p>Through holding 2 yearly training days or fairs the goal is to successfully have 45-50% of staff attend and participate in stations or booths focused on training for specific safety measures in at least one session. Both fairs will be held before the End of June in 2024. With the First fair scheduled before 1/1/2024. Each event will last approximately four hours, and will be located on campus in accordance with space and weather allowances. As the plan of events is made it will come to light that there will need to be participation from other departments as well. They will be contacted one to two months prior to the event.</p>	<p>Dana</p>	
	<p>Focus will be on four to five in person training opportunities that will be developed for all staff. Team members will have the opportunity to cross train to improve overall facility safety awareness and teamwork. The second session will have crossover to make sure there is understanding and information is retained, however the second event will feature at least three different topics compared to the first.</p>		
	<p>Develop the plan and dates for the fairs by 10/1/23 Contact Mercy Medical Center for resources and partnership by 10/1/2023. Contact Shasta County HCC for resources ideas and participation by 10/1/2023.</p>		
	<p>Topics may include but are not limited to: Safe patient Handling, Environmental Hazards, Seasonal Hazards, Work Place Violence Education, Review of Code Procedures, Hazmat training or Procedures, Fire and Life Safety Training, Ergonomics, Safety reporting procedures, De-escalation topics.</p>		<p>7/3/23. AT&T Reps committing to attending the first event to discuss and sign peopleup for First Net wireless service.</p>
Priority Ideas for Next Year			



People Pillar



Executive Leader: Chris Bjornberg

Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 7/19/2023

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
<p>Priority:</p> <p>Full/Functional Disaster Drill with Table Top exercise.(mass casualty and or evacuation)</p>	<p>In accordance with ACHC standard and best practice for mitigation and preparedness MMHD will host a full or functional drill to test mitigation, response and recovery proficiencies . The drill will include a related table top exercise with leadership and other identified individuals, as part of the preparation.</p>	<p>Dana</p>	<p>5/10/2023 Attended Region-III Table Top Exercise- Mayers Memorial Hospital was the focus. 7/6/23 Shasta County HCC has committed to participate in all drills they are invited to. 7/11/2023 Introduced the topic of increased drill sizes and requirements, emergency communications and the importance of the Shasta County Health Care Coalition at management meeting. 7/19/2023 Attending Acute Department Meeting- Education on Fire Drills, Safety and Emergency Management and introduction and discussion about my role as Safety Officer</p>
	<p>The table top will be held prior to 3/1/2024 In the table top exercise communications will be tested externally and internally. Functional components, and county official guests in attendance.</p>	<p>Dana</p>	<p>7/24/2023 Table Top Drill 10am, Fall River Board Room, ELT and applicable management.</p>
	<p>The full/functional community involved drill will be held prior to 6/1/2024. The 2024 functional event will have a multiple agency response including local law enforcement, first responders, school districts and local and county health care partners.</p>	<p>Dana</p>	<p>7/12/2023 Burney Annex went under an emergency boil water advisory. Water failure emergencies were rated at 44% on the current approved HVA. Do to this percentage the current response will satisfy a requirement under ACHC and Life Safety codes governance sections 17.03.02, and NFPA code 12.5.3.3.8. Stating we will be exempt from a functional drill, due to an actual disaster. The current response will satisfy the requirement for 2023.</p>
	<p>Prior to 1/1/2024 Contact Shasta County HCC for support and participation Contact Mercy Medical for support and participation Contact FRJUSD Contact Health and Law Enforcement partners</p>	<p>Dana</p>	
Priority Ideas for Next Year			



People Pillar

Executive Leader: Chris Bjornberg

Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 7/19/2023

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:	Successful implementation with validation awarded from BETA will be the final measure of success. By 7/1/2024 Leadership support and signature on opt in forms for participation. 8/23	Dana	6/15/2023 Verbal confirmation of shared goal with team; Daryl, Moriah and Britany 6/21/2023 In person meeting/facility tour with BETA representatives 6/23/2023 Confirmed continued partnership with BETA Insurances
Successfully implement the BETA Safety Domain- Safe Patient Handling with nursing and clinical staff.	Develop and compile the nursing and facility representatives in a planning meeting with BETA representation Mary Fritz. 8/23	Dana	7/24/2023 3pm Planning Meeting
	Assign and work on continued tasks and domain requirements for the team that are to be completed for validation. 9/23	Dana, Britany, Moriah, Daryl	
	Continuous meetings and communication throughout, to develop the program, policy, culture change, trainings and purchase requirements of necessary lifts and slings.	Dana, Britany, Moriah, Daryl	



Quality / Service Pillar

Executive Leader: Chris Bjornberg

Director or Manager: Dana Hauge

Department: Safety and Emergency Preparedness

Last Updated: 7/19/2023

FY24 (July 1, 2023 - June 30, 2024)	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
Develop a baseline of quality for Safety and Emergency Management and engage with staff for input, in a manner that allows for growth and positive action; ultimately to develop a continuous culture of safety	Release a bi-annual safety survey geared towards gathering data from staff. The overall goal is to use the information from the survey, and from the HVA to develop a better program. It will be measured by sending two identical surveys and comparing the data, between the two. survey questions will range from topics relating to knowledge of program, to input for other programming to safety culture opinions.	Dana	Work with Lisa in developing survey and releasing survey no later than 9/15/2023.
	After the first survey is returned (2 weeks)and data is gathered action will need to be taken to correct any common deficiencies within the program. This data will present with the true goal and action items. Analyze data and present to Safety and Emergency Preparedness Committee and Environment of Care committee prior to 11/01/2023. Develop a plan of action with the Committee's.		
	Final survey will measure the efficacy of the safety program for the year. The final survey will go out to staff no later than 6/01/2024 and will be reviewed by the same committee's for a full report developed by 7/1/2024 with measures to develop programming and survey for the next year.		
Priority Ideas for Next Year			
Continous quality for Safety and Emergency Management and engage with staff for input, in a manner that allows for growth and positive action; ultimately to develop a continuous culture of safety	Bi-annually Safety Survey with questions the same as the year before and added questions built from previous data.		

Q

Director or Manager: *Michelle Peterson*Department: *Outpatient Medical Department (OPM)*

Last Updated: 6/29/23

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:			
Reduce wound assesment errors by 25%	1. Create a standards of wound documentation throughout the hospital. Create standard works/policies and educate staff on the wound photo documentation/assessment process in ED, Acute, LTC and OPM settings with the new Cerner program and camera system. 01/31/24	OPM/ Kayla/Ellie/Michelle	
	2. Pre chart audit 90% error rate on wound assessment, post chart audit should reflect error rate less than 25% on wound assessment conducted on weekly LTC wt/wound calls and Acute chart audits Weekly wound care audits with Cerner reporting. 06/30/24	Michelle P	
Conduct quartly classes on wound care for 75% of permanent clinical nursing staff	1. To create education and conduct classes for clinical staff education such as skin tear management, wound care selection guide use, and common wound categories/treatments. Classes will be conducted quarterly and posted through the clinical nurse educators schedule to enhance knowlege of wound care and standards of care throughout MMHD 10/01/23	Michelle P	
	2. Teach classes in Burney LTC, FR LTC, and at selected clinical department trainings 06/01/24	OPM/Kayla, Ellie, Trinity, Michelle	
	3. Teach at least 75% permanent clinical staff of a focused wound assessment, procedure, documentation and selection guide. Competency of post test and skills demonstration. 6/01/24	OPM team Kayla, Ellie, Trinity, Michelle	

Reduce pressure injury prevalence to less than 9.7% Acute Care and 11.8% LTC (national average)	1. Meet with Quality Director and create meaningful reports in Cerner to obtain any data that drive change for process improvement on wound care/Pressure Injuries and standards of care. Define any positive and negative trends/baseline reporting through wound care reports. Begin to address process improvement needs. 4/01/24	Michelle P/Jack H	
	2.Obtaining meaningful data from Cerner for wound care statistics. Assess positive and negative trending at 6 months and 1 year. Report data finding for process improvement to Quality Director. 06/30/24	Michelle P/Jack H	
	3.To increase quality compliance by tracking wound documentation for continuity of care and tracking healing rates at MMHD. Discover baseline data and challenges in the wound care program that need to be identified and managed to meet standards of care 06/01/24	Michelle P/Jack H	
Priority Ideas for Next Year			

Solar Photovoltaic System Proposal

Submitted to:

Ryan Harris

Chief Operating Officer



Submitted by

Veregy Pacific LLC

(Formerly Known as Empowered Solutions, LLC)



CA Contractor's License: # 1023083
CA Dept Industrial Relations: # 1000053722

June 30th, 2023

Ryan Harris, Chief Operating Officer
Mayers Memorial Hospital District
PO Box 459, 43563 Highway 299E
Fall River Mills, CA 96028

Mr. Harris,

Veregy looks forward to providing Mayers Memorial Hospital District (Mayers) with a complete and cost-effective solar power system for Mayer’s General Acute Care Hospital located at 43563 State Highway 299 E, Fall River Mills CA.


Veregy, and our professional registrants and contractors who will work on the project, possess all required qualifications to carry out the project’s site due diligence, engineering, authority having jurisdiction review and approvals, procurement, and construction of work as detailed within this proposal.

Proposal details are found in the following sections:

A. PROJECT AND SYSTEM SUMMARY	3
B. SYSTEM LAYOUT	5
C. SYSTEM MAJOR COMPONENTS	6
D. PROVISIONAL SINGLE LINE DIAGRAM	8
E. PROJECT SCOPE	9
F. PRELIMINARY PROJECT TIMEFRAME	10
G. TOTAL PROJECT PRICE AND PAYMENT SCHEDULE	10
H. TERMS AND CONDITIONS	11

We are hoping that you will find our proposal to be complete, our qualifications compelling and our enthusiasm for this project at the highest level. As you consider trusting this important project to Veregy, I want to assure you that it will have our highest attention and we will complete this project with the highest degree of professionalism.

We look forward to bringing decades of reliable solar power to the Hospital. Thank you again for the opportunity to work with Mayers and provide a proposal for this project.

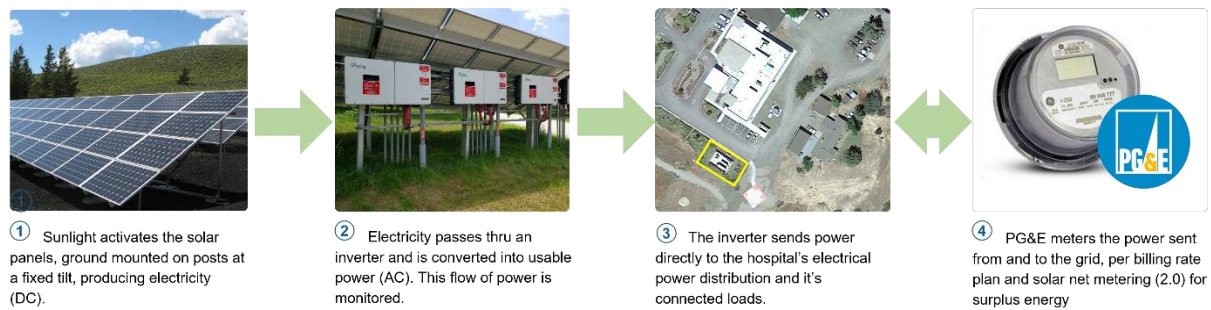


Shiva Subramanya
Director, Enterprise Sales, Veregy

A. Project and System Summary

This project entails the turnkey engineering, AHJ permitting and approvals, procurement, construction, and commissioning of a 668 kW-DC fixed-tilt ground mounted solar system to be installed and grid-connected to the Hospital's service entrance section (pad mounted, external to hospital), partly offsetting the PG&E supplied energy for the metered connection.

Electricity generation from the system will flow directly into the facility's electrical distribution, with monitoring of real-time and historic system performance provided through an online interface and allow for remote system management, alert functions, and reporting. As depicted in the below graphic is a summary of the system's method of operation.



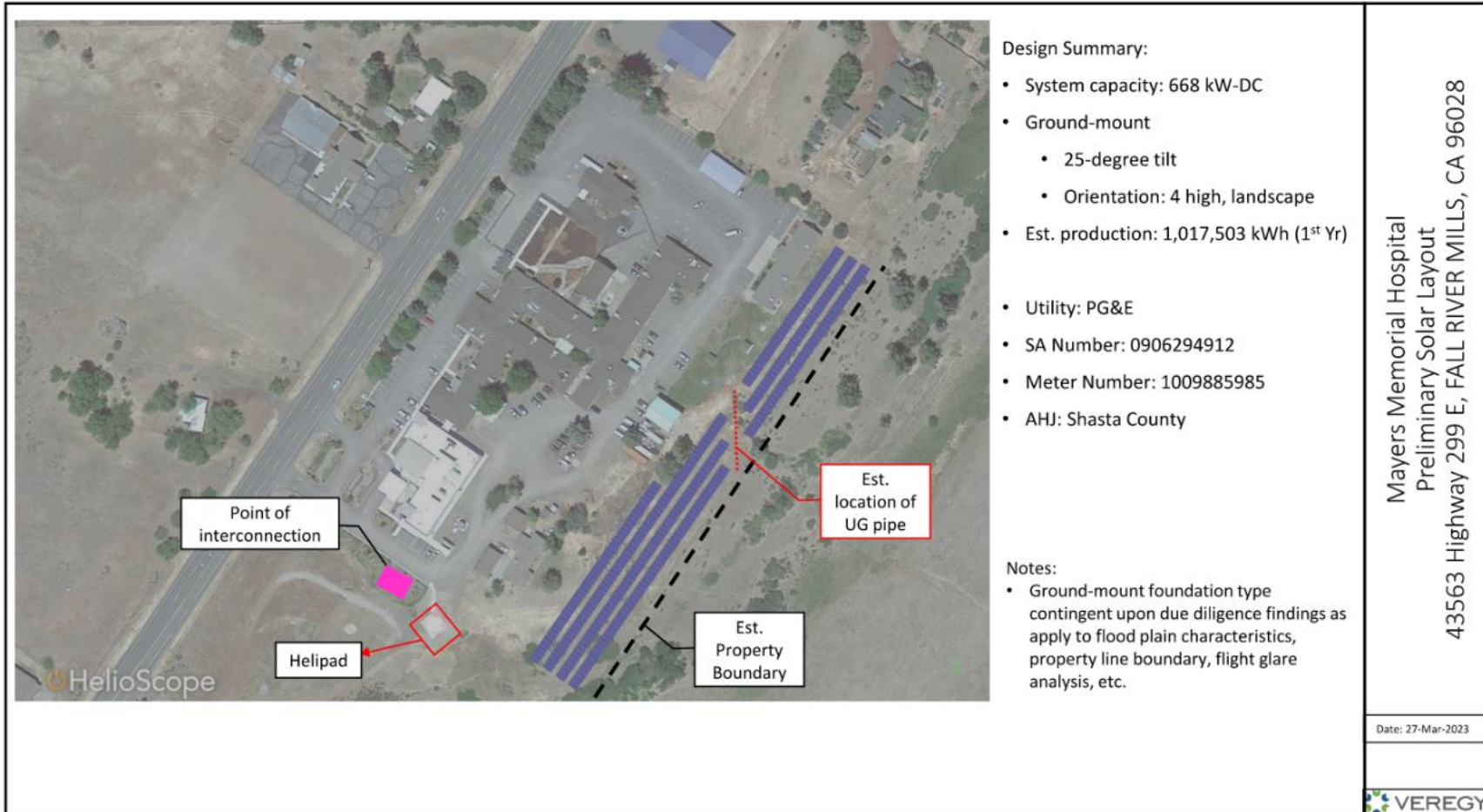
Design Summary:

- System Capacity: 668 kW-DC (667,800 W-DC)
 - Final system capacity subject to final PG&E interconnection approval.
 - PG&E Service Account 09062994912, Meter 1009885985
 - PG&E Project # 000125800287, application currently in the Initial Review (IR) activity/task Engineering Review phase.
- System Type: Fixed tilt, Ground Mounted Solar Arrays
 - Provisionally, the solar array racking shall be a fixed-tilt hardware specification ASCE 7-10, fully grounded, galvanized; G90 racking coating with a helical or screw foundation type.
 - Pending Geotechnical reporting of subsurface conditions, alternative solar array racking foundation type may be required.
 - Potential, alternative solar array racking cost impact to be reviewed with Mayers upon confirmation.
- Major system components provisionally specified.
 - See *Section C. Major System Components (Solar PV Modules, String Inverters, Racking)*
 - Upon procurement, Veregy shall procure same manufacturer components as specified, or equivalent components (manufacturer bankability, same or better workmanship and performance warranties)
- Method of Interconnection.

- See Section D. *Preliminary Single Line Electrical Diagram*
 - Provisionally and pending PG&E interconnection application approval, a line-side connection of the PV system shall be made at the existing 1200A busbars in the customers section of the switchgear.

The system will not electrically interface with the Hospital's existing backup power assets (generator) in the event of a PG&E outage, as it is grid-tied only. A PG&E interconnection application is currently in process for the project (project # 000125800287) and is currently in the Initial Review (IR) activity/task Engineering Review phase.

B. System Layout



C. System Major Components

The major system component selection for solar PV modules (solar panels), inverters and racking for the system are provisionally specified and could be replaced with any other equivalent components:

I. Solar PV Modules (Solar Panels):

High-Efficiency large format solar PV modules have been selected to consolidate the ground area needed and for a better balance of system component economics.

- Jinko Solar, JKM525-7TL4-TV-A1-US solar panels, 525 W-DC, have been provisionally utilized for system sizing, Manufacturer-provided 25-year linear power output warranty at 0.50% degradation per year.
- A total of 1,272 solar panels are specified in the current system design.
 - During the first year, the manufacturer shall warrant the actual power output of the modules will be no less than 97.5% of the labeled power output. From year 2 to year 25, the actual annual power decline will be no more than 0.6%; by the end of year 25, the actual power output will be no less than 83.1% of the labeled power output. A 10 to 12-year material warranty will apply.

II. Inverters:

String inverters mounted on racking to consolidate the conduit runs and thus minimize the amount of conduit run penetrations needed to interconnect the system.

- CPS SCA50KTL-DO/US-480 (50 kW-AC) and CPS SCA60KTL-DO/480 string inverters are specified and feature a manufacturer-provided 10-year product warranty.
- A total of 10 inverters (7-total at 50 kW-AC and 3-total at 60 kW-AC) comprise the current system design.
 - Manufacturer-provided 10-year product warranty

III. Racking and Foundations:

Fixed-tilt ground mounting racking with below grade foundation, modelled at 25° tilt angle, 125° azimuth. Foundation type, helical screw, or driven pile, to be finalized during detailed subsurface site investigation as occurs during the system's formal engineering phase.

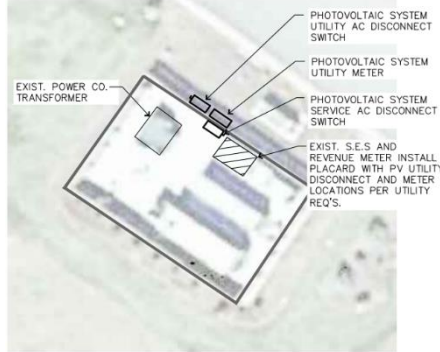
- Ground racking offerings from APA Solar Racking, or equivalent, engineered system of standardized and lightweight ground mount steel structural components (25-year product warranty).

All major equipment warranties e.g., solar panel, inverter and monitoring system warranties are manufacturer-direct warranties. **At time of procurement, Veregy reserves the procurement option, with notification to Mayers Memorial Hospital District, the option to source alternate tier-one manufacturer components, as supported by documented specifications indicating equivalent power rating, performance, and warranty, as compared to the components listed.** While Veregy's intent is to source the exact tier-one manufacturer

components as specified in the above table, fluctuations in the global supply of these components and other supply bottlenecks may necessitate substitution with equivalent offering.



D. Provisional Single Line Diagram



FEED	FROM	120V TO 240V	120V TO 208V	208V TO 240V	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE
FEED	FROM	120V TO 240V	120V TO 208V	208V TO 240V	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE	SC TYPE

GENERAL NOTES:

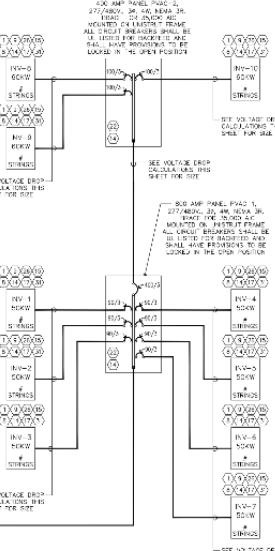
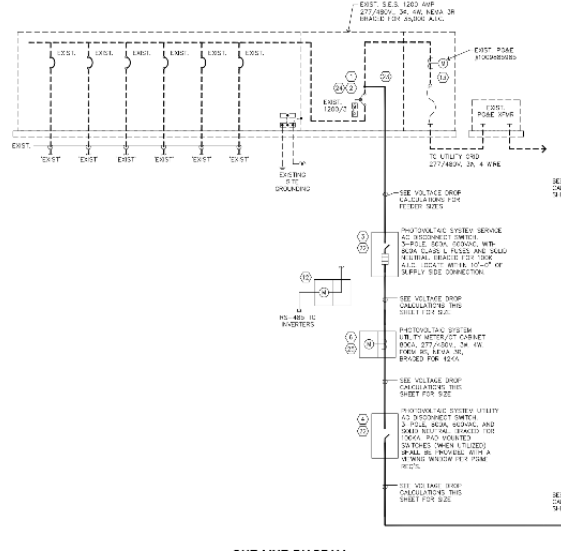
1. ALL ELECTRICAL WORK SHALL BE DONE IN ACCORDANCE WITH THE 2017 NEC AND ALL APPLICABLE REQUIREMENTS OF THE SERVING ELECTRIC UTILITY COMPANY AND THE APPLICABLE LOCAL REGULATIONS.
2. THE "WARNING" TAGS SHALL BE INSTALLED ON ALL ELECTRICAL EQUIPMENT.
3. THE "WARNING" TAGS SHALL BE INSTALLED ON ALL ELECTRICAL EQUIPMENT.
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- KEY NOTED NOTES:**
1. ALL ELECTRICAL WORK SHALL BE DONE IN ACCORDANCE WITH THE 2017 NEC AND ALL APPLICABLE REQUIREMENTS OF THE SERVING ELECTRIC UTILITY COMPANY AND THE APPLICABLE LOCAL REGULATIONS.
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 20. THE "WARNING" TAGS SHALL BE INSTALLED ON ALL ELECTRICAL EQUIPMENT.

Supply side connection of the PV system shall be made at the existing 1200-amp bus bars in the customers section of the switchgear (right hand section) (section 2 of 2).

Conductors shall be fully sized for the tap at (2) sets of 600 MCM copper type THWN-2. Cable limiters, Bussman type KDU-B (2) per phase shall be installed with new bolts at the existing bus holes.

Conductors shall be routed up through the customer section exiting the top of the switchgear with Myer's hubs and transition to RMC conduit. Conductors shall immediately terminate at the fused PV Service AC Disconnect Switch with fuses sized for 800 amps.



1440	800 WATT MODULES
1200	1200 NUMBER OF MODULES
1200 x 800	960,000 WATT/DC
Watt = 960,000	
Temperature Coefficient = -0.45%	
Losses = 10%	
AC WATT PER STRING	
Watt = 960,000 / 10	
AC WATT PER STRING	
Watt = 96,000	
1000 WATT PER STRING	
1000 WATT PER STRING	
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1000 WATT PER STRING	

ONE-LINE DIAGRAM

1. ALL ELECTRICAL WORK SHALL BE DONE IN ACCORDANCE WITH THE 2017 NEC AND ALL APPLICABLE REQUIREMENTS OF THE SERVING ELECTRIC UTILITY COMPANY AND THE APPLICABLE LOCAL REGULATIONS.

E. Project Scope

Inclusions:

- Ground-mount installation of 668 kW-DC solar PV with point of interconnection to the grid at the existing service.
- Performing due diligence activities to comply with requirements of applicable AHJs, including but not limited to:
 - Geotechnical study
 - Title reports
 - Transactional survey
 - Private utility locating
- Creating engineering documents (architectural, electrical, and structural), and obtaining permits from the county, utility, and other applicable AHJs (HCAI/OSHPD).
- Procurement of system components such as panels, inverters, racking, data monitoring, and balance of system (wire, conduits, combiner boxes etc.) as specified above.
- Deploying and managing subcontractors for structural and electrical installation of the PV system.
- Testing, commissioning, and start-up of the system.
- Performance and Payment Bond
- Prevailing Wages
- Warranty Terms
 - Equipment
 - Tier-1 Solar Module – During the first year, the manufacturer warrants the actual power output of the modules will be no less than 97.5% of the labeled power output. From year 2 to year 25, the actual annual power decline will be no more than 0.6%; by the end of year 25, the actual power output will be no less than 83.1% of the labeled power output. A 10 to 12-year material warranty will apply.
 - Inverter – Manufacturer-provided 10-year product warranty
 - All major equipment warranties e.g., solar panel, inverter and monitoring system warranties are manufacturer-direct warranties.
 - Workmanship
 - One (1) year workmanship warranty from Mayers acceptance of the project.
 - Collateral one (1) year workmanship warranties to be provided by all applicable subcontractors.
 - Two (2) on-site check-ups to evaluate system performance; one within 6 months of completion, and one performance evaluation one year after completion included.

Exclusions:

- A security perimeter fence around the PV array.
- Grid impact study if requested by the utility (PG&E).
- Upgrades to existing site service entrance section (SES), if required (subject to a thorough engineering site assessment).
- Generator tie-in into existing electrical service entrance section using onboard synchronizing and paralleling unit. No dedicated generator ATS.

- On-site or off-site improvements not related to the above-mentioned ground-mount arrays.
- Ground soil conditions must be conducive to allow for standard foundation to be installed (no spread footings or concrete casing), and for underground directional boring for conduit placement (no open trenching), unless otherwise specified.
- Hard Rock Drilling, Underground Obstructions, Caving Soils, Casing, and Water Mitigation.
- Interconnections assumed to fall within the "standard" or "fast-track" process for utility interconnection and will not require transfer-trip, cool-cell or other high-resolution communication equipment required by the utility.
- Pricing excludes ongoing O&M costs post commissioning and first year onsite evaluation services.
- No production guarantees are to be provided.
- Repairs of any electrical code violations at the existing facility.
- Redesigns after the 100% drawing submittal to the AHJ.
- Removal and/or disposal of hazardous materials.
- Arc Flash and/or breaker coordination study.
- Any landscaping beyond vegetation removal under the solar system

F. Preliminary Project Timeframe

Veregy *estimates* the current timetable for the overall project at 9 months, from notice to proceed to system commissioning. A detailed project schedule shall be issued by Veregy with completion of project due diligence and AHJ engagement and final determination of required permit and approvals processes and any required studies.

Until which time an accurate duration can be made for the AHJ application, review and approval phase (estimated at 1.5 months from time of initial submittals and application initiation), the timetable of the project as presented is subject to revision:

G. Total Project Price and Payment Schedule

Veregy proposes to complete this project on a lump-sum basis. Our price for this project is Two Million Three Hundred and Fifty Eight Thousand And Seven Hundred and Thirty Dollars Only (\$2,358,730).

Additionally, and by request of Mayers as a separately estimated project improvement / security measure, Veregy estimates the cost of standard chain link fence (2 m/6.5 ft high fence foundations and installation) surrounding the perimeter of the solar arrays at:

One hundred and Forty Two Thousand and One Hundred and Twenty Five (\$142,125)

Pending confirmation from Mayers and/or authorities having jurisdiction as to a security fence being required for final project approvals, the cost of the fence is considered an adder to the project as priced.

H. Terms and Conditions

Veregy proposes to perform the above scope of work under a mutually acceptable construction contract.

Chief Executive Officer
Chris Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

Board of Directors
Quality Committee
Minutes

July 19, 2023 @ 1:00 PM
Fully Remote Teams Meeting

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

1	CALL MEETING TO ORDER: Board Chair Tom Guyn, M.D. called the meeting to order at 1:03 pm on the above date.		
	BOARD MEMBERS PRESENT:	STAFF PRESENT:	
	Tom Guyn, MD., Secretary	Chris Bjornberg, CEO Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk	
	Excused ABSENT: Les Cufaude, Director		
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS		
	None		
3	APPROVAL OF MINUTES		
	3.1	A motion/second carried; committee members accepted the minutes of June 22, 2023.	Hathaway, Bjornberg Approved by All
4	Hospital Quality Committee Report: A lot of data has been received and a dashboard has been created. We will work with managers and departments on how to understand and work with the data. Data and Graphs shown for the following measures: Home Medication List Accessed for both ER & Acute, Order Verification Pharmacist Turn Around Time, Facesheet Information Collection & Correction, Total Changes & Payments Received, Tracking Turnover for Year over Year, Reason for Separation, Turnover by Department, Linen Rinsing Project, Clinic Metrics, and Nursing Metrics. This is just the beginning, but we have now is some really good data and work.		
5	Director of Quality Report		
	5.1	CDIF review is underway for both the technical and clinical aspects. We expect to receive our summary soon. An audit will be conducted with HSAG on September 11 th . UR Nurse is working on capturing all the different processes by the many UR Committee members to create a more streamlined UR process for MMHD. She has joined the weekly Case Management calls for Cerner. And is working on Interqual as a new software for case management. CDPH – outstanding surveys will be completed soon and no expected issues. MMHD had 7 self reported evented and no deficiencies came out of those.	
6	OTHER INFORMATION/ANNOUNCEMENTS		
7	MOVE INTO CLOSED SESSION		
	7.1	Medical Staff Credentials Government Code 54962 Staff Status Change 1. Chen Zhao, MD (UCD) to Inactive 2. Desiree Levyim, MD to Inactive AHP Appointment 1. George Winter, FNP – Emergency	Approved by All

	<p>Medical Staff Appointment</p> <ol style="list-style-type: none"> 1. Zachary Franks, DO – Radiology 2. Yelena Usmanova, MD (T2U) – Neurology <p>Medical Staff Reappointment</p> <ol style="list-style-type: none"> 1. Sheela Toprani, MD (UCD) 2. Mustafa Ansari, MD (UCD) 3. Sean Pitman, MD – Pathology 4. Richard Leach, MD – Emergency 5. Mark Ramus, MD – Pathology <p>Aaron Babb, MD – (MVHC) Family Medicine</p>	
8	RECONVENE OPEN SESSION	
7	<p>ADJOURNMENT: at 1:40 pm Next Meeting is August 16, 2023 at 1:00 pm</p>	

DRAFT

POLICY AND PROCEDURE
CLINIC PHONE SERVICES

POLICY:

The purpose of this policy is to provide guidance and direction for the performance of phone services related to patient care in Mayers Rural Health Center (Clinic).

It is the policy of the Clinic to handle all urgent, emergent, and medical advice phone calls based on the following procedure.

PROCEDURE:

1. Telephone calls are received from patients at the level of the front desk staff. If the patient is experiencing an emergency, patient should be instructed to proceed to call 911 or proceed to the nearest Emergency Dept. The instructions provided to the patient, caregiver, or family are documented within the patient's health record that is consistent with medical and legal prudence. If the front desk has concerns or do not know how to proceed with information given, they will consult a practitioner for direction.
2. For non-emergency calls: the front desk will request patients name and an identification factor (date of birth) and the name of caller if different. If there is a nurse available, pt may be transferred directly to the nurse. If a nurse is not available, the front desk will ask for the caller's message and document it in the patient's chart, then route message to patient's medical provider and Medical Assistant.
3. The nurse is a skilled, medically trained clinical professional who has the expertise to determine if a condition is emergent, urgent, or routine based on information relayed from the patient. The nurse may consult with a practitioner; if appropriate.
4. The nurse is responsible for all requests for clinical advice by telephone. If a nurse unavailable, the message will go to the Medical Assistant who will present information to the practitioner and either respond themselves or inform the Medical Assistant how to respond. Messages are checked at a minimum of every hour by the nurse or medical assistant. Patient messages are responded to appropriately by either sending in medication to pharmacy, and/or returning patient call by telephone.
5. After normal business hours, Partnership patients have access to an advice nurse service at (866)778-8873. This is a 24 hour free service provided for clinic patients with Partnership Health Plan. Non Partnership Health Plan patients will be advised to dial 911 and/or go to the nearest Emergency Department.

REFERENCES:

1. Woodcock, Elizabeth W., Operating Policies and Procedures. Manual for Medical Practices. 5th Edition. pp 288-289

COMMITTEE APPROVALS:

P&P: 7/5/2023

MAYERS MEMORIAL HOSPITAL DISTRICT

Privileges in Oncology

Name: _____

Oncology Core Privileges

Qualifications

To be eligible for core privileges in oncology, the applicant must meet the following qualifications:

- Documentation or attestation of the management of oncologic problems for at least 50 patients as the attending physician (or post doctoral fellow) during the past two years **and**
- Current certification or active participation in the examination process leading to certification in oncology by the American Board of Internal Medicine, or the American Osteopathic Board of Internal Medicine; or
- Successful completion of a postgraduate residency in oncology accredited by the ACGME, AOA, or equivalent.

Staff Status Requested

- Consulting: may not admit patients to the Hospital

Privileges included in the Oncology Core

Diagnosis, evaluation and treatment of oncologic disorders including:

- * Order outpatient treatment
- * Administration of chemotherapy agents and biological response modifiers through all therapeutic routes.
- * Anti-neoplastic therapy, including chemotherapeutic drugs, biologic response
- * modifiers available for treatment or prevention of neoplastic diseases and well as
- * indications, limitations and complications of their use in specific clinical situations
- * Concepts of supportive care, including hematologic, infectious, disease and
- * Nutritional
- * Correlation of clinical information with the finding of cytology, histology and imaging
- * techniques
- * Pain management among other palliative care modalities

Procedural skills:

- * Management and maintenance of indwelling venous access catheters
- * Management of immunocompromised patients

<input checked="" type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Additional Privileges Requested (write in below):

To be eligible for the additional privilege(s) requested, the applicant must demonstrate acceptable experience and/or provide documentation of competence in the privileges requested consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges (see attached “**Supporting Documentation Form**”).

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Mayers Memorial Hospital District, and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Applicant

Date

Recommendations

We have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Credential Committee Chair/Vice-Chair

Date

Medical Executive Committee Chair/Vice-Chair

Date

MAYERS MEMORIAL HEALTHCARE DISTRICT

POLICY AND PROCEDURE

SCOPE OF SERVICES CLINIC SERVICES

Page 1 of 6

POLICY:

The purpose of this policy is to describe the Clinical Services provided by Mayer Rural Center (Clinic) and the hours in which those services will be provided.

It is the policy of the Clinic is to provide all those services offered in or contingent to a physician's practice (but not in excess of the legal limitations placed on a mid-level practitioner as defined by State code) during the outlined time schedule.

PROCEDURE:

Scope of Services

- When a patient enters the Clinic, he/she/they will be given care appropriate to their needs and in accordance with required regulations.
- The following services are available directly through the Clinic and by referral from Clinic personnel:
 - Health screenings, including well child checks, employment and school physicals and other wellness visits.
 - Treatment of minor acute illnesses in the Clinic.
 - Management of stable chronic illnesses.
 - Health education, promotion and counseling for individuals..
 - Routine venipuncture for Clinical Laboratory Improvement Amendments (CLIA) non-waived tests.
 - EKG services including single channel 12 lead and rhythm strips.
 - Minor surgical and medical procedures consistent with practice, training, experience and scope.
 - Referrals to other providers for inpatient services, skilled nursing care, home

health services, lab, radiology and any other service not available at the Clinic, and medical treatment unable to be provided by the physician or mid-level practitioner.

- Arrangements have been made with the MMHD for individuals requiring inpatient services, lab, radiology and any other services not provided on site, and medical treatment unable to be provided by the physician or mid-level practitioner.

Hours of Operation

The Clinic will be open to provide patient treatment Monday through Friday from 8:00am to 5:00pm. No patients should be admitted into the clinic for treatment outside of these hours.

- Additionally the Clinic observes the following holidays:
 - New Year's Day
 - Veterans Day
 - The Monday following Easter
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving and the Friday after
 - Christmas

Emergency Response

- Safety training will be provided to the Clinic staff at least annually, with documentation of the type of training provided and the staff members in attendance being maintained in records kept at the Clinic office.
- If any emergencies occur in the Clinic, which are beyond the scope of the Clinic's operations, the patient shall be sent to the emergency department at Mayer Memorial Hospital.
 - The physician and/or Mid-Level Practitioner will direct the transfer.
 - The Medical Assistant will then notify the Hospital that a critical patient is being transported from the Clinic.

Emergency Box Maintenance

- The Clinic will maintain a crash box sufficient to meet the demands of an emergency situation typical of a medical Clinic.
 - Contents will include all items necessary to provide emergency medical treatment of patients in the Clinic, as determined by the services provided, equipment utilized and the decision of the Medical Director.
 - Responsibility for maintaining the correct stock of items, with all items being in useable condition (no out-of-date items, all items functional, etc.), will rest with the nursing staff of the Clinic.
 - This emergency box will remain in an accessible area of the Clinic at all times, as determined appropriate by the Medical Director.

Dispensing of Drugs to Patients

- All drug samples will be stored in a locked cabinet away from patient traffic areas, with access only being to the medical staff of the Clinic.
- Drugs used in the clinic will be done so at the discretion of the Physician or Mid-level Practitioner for a specific purpose to treat patient's signs and/or symptoms.
- Nurse or Medical Assistant may administer drug to patient after a verbal or written order and verification by provider.
- Drug samples are not available at the clinic and they will not be dispensed to patient.

Communicable Disease Infection Control

- In an effort to identify infections in a timely manner, and prevent the spread to other patients, visitors and personnel, patients with presumed infectious diseases will be examined promptly and their disposition (i.e. admission to hospital or discharge to home) handled as expeditiously as possible.
- It is the responsibility of the Medical Director of the Clinic with assistance from the disaster preparedness committee to:
 - Establish procedures for patient screening and processing that result in early detection and expeditious handling of patients with communicable diseases.
 - Assure that waiting rooms are not crowded.
 - Assure that hand washing facilities are properly designed, equipped and easily accessible, regardless of any handicap of the patient.
 - Assure that employee/agent health standards are maintained.

- Act as consultant for the Infection Control Committee.
 - Communicate as needed with the local and state health department officials concerning seasonal or unusual community disease outbreaks.
 - Report communicable diseases to the Infection Control Nurse at Mayers Memorial Hospital if appropriate, the Medical Director and Health Dept. as needed. The list of reportable diseases is contained in the Appendix section of this manual.
 - The Clinic Physician and Mid-Level Practitioner are responsible for reviewing data on infected patients to detect community outbreaks, and reviewing and approving policies relating to infection control.
-
- Patients
 - Respiratory: Patients with respiratory symptoms, which include a productive cough, will be screened for possible Covid, RSV, Tuberculosis, or Influenza via an appropriate history relevant to such diagnosis.
 - If the possibility of Tuberculosis infection exists, the patient should promptly be placed in an examining room and wear a mask until a definite diagnosis (usually X- Ray for Tuberculosis) is established, or until proper respiratory isolation is instituted upon hospital admission or discharge home.
 - Special attention and respiratory precautions, including masks, must be taken when caring for a patient with the potential of having a communicable disease such as Varicella, Rubella, Rubeola or Mumps.
 - In addition, paper tissues will be available in waiting and examining rooms to encourage aseptic elimination of sputum.
 - Meningitis: A patient suspected of having meningococcal meningitis should be promptly seen and referred to the hospital and placed in respiratory isolation.
 - Hepatitis with Diarrhea: Patients with suspected Hepatitis with diarrhea should be promptly seen and referred to the hospital.
 - Hand washing and prompt disposal of soiled material should be adequate protection for personnel.
 - Simple housecleaning and maintenance of a good waste flushing system (commode and sink) is sufficient to provide adequate protection against spread of enteric pathogens.

- Skin Disorders: Patients with suspected illnesses such as Varicella, Rubella, and Rubeola should be promptly separated from other patients, placed in an examining room and expeditiously examined.
 - Hand washing, gloves with contact with drainage, masks if appropriate, and proper disposal of soiled items will always minimize risk to personnel.
- Blood: Patients with bleeding problems should be handled as appropriate for the individual case.
 - Personnel will wear gloves with contact with blood and body fluids and should cover any cuts, rashes or abrasions.
- Equipment

Materials and equipment soiled by blood should be presumed positive for Hepatitis until proven otherwise, and should be disposed of or sterilized, or disinfected with diluted Clorox if sterilization is not possible.

- Ambubags will be washed with detergent and water, soaked in Cidex for (30) minutes, rinsed, dried and kept in a dustproof bag until re-use.
- Oxygen tubing will be discarded after each use.
- Laryngoscope blades will be washed in detergent solution, soaked in Cidex for (30) minutes, rinsed, dried and kept in a covered container until re-use.
- Disposable airways are used and discarded, never re-used.
- Soiled blood pressure cuffs will be wiped germicide solution immediately after getting soiled.
- Grossly bloody dressings removed from the patients will be placed in red plastic biohazard bags, closed securely, double-bagged and stored for pick-up by the designated contractor.
- All used linen will be placed in the designated container for pick up by the- Mayers Memorial Hospital District Laundry Department.
- Housekeeping
 - All horizontal surfaces and grossly soiled walls will be washed with germicidal solution daily and when soiled.
 - Routine cleaning of floors three times per week will be performed by Housekeeping personnel.
 - Sinks will be cleaned daily with effective germicide.

- Blood, body fluids and secretions will be wiped up with a germicide saturated cloth immediately upon discovery. These used cloths will be discarded in the red biohazard bag for disposal.
- All exam table paper that has been used and presents itself with the possibility of having been soiled by an abundance of blood, will be discarded (using gloves) into the red biohazard container for disposal.
- Strict rodent and insect control will be exercised.
- Controls On the System
 - The Infection Control Nurse will directly observe practices and procedures by regular prevalence and practice inspections.
 - Environmental cultures may be ordered by the Medical Director as necessary for outbreaks.

REFERENCES:

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2. Wilkins, Thad; Sams, Richard, Carpenter, Mary. "Hepatitis B: Screening, Prevention, Diagnosis, and Treatment". American Family Physician. March 1, 2019. <https://www.aafp.org/pubs/afp/issues/2019/0301/p314.html>. 4/7/2023
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4. Woodcock, Elizabeth W. Operating Policies and Procedures. Manual for Medical Practices 5th edition. "Tuberculosis (TB) Exposure Control Plan". pp 570-573. MGMA Policy 14.09
5. Woodcock, Elizabeth W. Operating Policies and Procedures. Manual for Medical Practices 5th edition. "Tuberculosis (TB) Communication and Training". pp 574. MGMA Policy 14.10
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COMMITTEE APPROVALS:

P&P: 7/5/2023

MAYERS MEMORIAL HEALTHCARE DISTRICT

POLICY AND PROCEDURE

**USE OF PROPOFOL (DIPRIVAN®)
FOR VENTILATOR MANAGEMENT**

Page 1 of 5

PURPOSE:

To provide guidelines for the administration of Propofol, which is an anesthetic agent, indicated for the continuous intravenous sedation of the mechanically ventilated, intubated patient.

PROCEDURE:

- A. Propofol is formulated in an oil-in-water emulsion that contains no preservatives and can support rapid growth of micro-organisms.
- B. Infusion must be initiated immediately after opening.
- C. Visually inspect Propofol for particulate matter and discoloration prior to beginning the administration.
 - a. Shake before use; if the emulsion separated, do not use.
 - b. STRICT ASEPTIC technique must be maintained, as Propofol contains no antimicrobial preservatives. The vial rubber stopper will be disinfected using 70% isopropyl alcohol, prior to spiking the bottle with a sterile vent spike and sterile tubing. Infusion must commence immediately.
- D. Utilize a Smart Pump and infuse through a central line if one is in place; otherwise, administer through a peripheral infusion line.
- E. Do not mix Propofol with other ingredients or co-administer with blood or plasma in the same IV catheter.
- F. Discard any unused Propofol and IV tubing from the Y-connector to the vial after 12 hours.
- G. Filtering is NOT necessary if the single dose vial is used. Filter IF prepared from glass ampules.
- H. Propofol does not have a documented analgesic effects; narcotics may be administered as indicated by the patient's condition.

I. DOSING

- a. The physician indicates the desired level of sedation. Commonly an acceptable RASS score is (0) to (-1).
- b. If the physician orders a bolus, administer a bolus of 40 mg of Propofol I.V. If ordered, repeat the dose x 1 if required to achieve a Richmond Agitation/Sedation score (RASS) of (0) to (-1) “drowsy.” (Bolus can result in hypotension)
- c. Propofol infusion is initiated at 5 mcg/kg/min.
- d. Do NOT increase the infusion rate during the first 10 minutes of infusion. Assess the patient for hemodynamic response and level of sedation.
- e. If the level of sedation specified by the physician is not attained and the patient is hemodynamically stable, increase the infusion rate at 5mcg/kg/min no faster than every 5 minutes. Notify physician of titration. Most adult patients require maintenance rates of 5-50 mcg/kg/min. If patient is requiring 50 mcg/kg/min without reaching the desired level of sedation, notify the physician. Max dose 75 mcg/kg/min.
- f. If the patient becomes hemodynamically unstable, notify physician. Routine treatment of hypotension and bradycardia may include:
 - i. For mild hypotension (systolic BP < 90), decrease the infusion rate of Propofol by 5 mcg/kg/min every 5 minutes. Bolus with 250 ml of normal saline ONCE. If systolic remains less than 90 after the 250 ml bolus, stop propofol. Vasopressors may be needed.
 - ii. Atropine 0.5 mg IV Push ONCE only for sustained symptomatic bradycardia (heart rate <50). If symptomatic bradycardia persists, stop propofol.

J. MONITORING--Upon initiation of Propofol, vital signs will be documented as follows:

- a. Five minutes after each adjustment in the infusion rate.
- b. Every 5 minutes x 15 minutes.
- c. Every 15 minutes x2, every 30 minutes x2, then every 1 hour if patient is hemodynamically stable throughout the infusion.

- d. Pulse oximetry will be monitored continuously and documented at least every hour.
- e. Assess sedation level (RASS score) every hour.

K. RICHMOND AGITATION/SEDATION SCALE (RASS) RECEIVING MECHANICAL VENTILATION:

POINTS	ITEM	CHARACTERISTICS
+4	COMBATIVE	Overly combative or violent, immediate danger to staff.
+3	VERY AGITATED	Pulls on or removes tubes or catheters, aggressive behavior toward staff.
+2	AGITATED	Frequent non-purposeful movement or patient's ventilator dyssynchrony.
+1	RESTLESS	Anxious or apprehensive but movements not aggressive or vigorous.

0	ALERT AND CALM	
-1	DROWSY	Not fully alert, sustaining (greater than 10 seconds) awakening, eye contact to voice.
-2	LIGHT SEDATION	Briefly (less than 10 seconds) awakens with eye contact to voice.
-3	MODERATE SEDATION	Any movement (but no eye contact) to voice.
-4	DEEP SEDATION	No response to voice, any movement to physical stimulation.
-5	UNAROUSABLE	No response to voice or physical stimulation.

SPECIAL CONSIDERATIONS:

I. CONTRAINDICATIONS:

- A. Patients with known hypersensitivity to Propofol or its components. (soybean oil, egg, lecithin, glycerol).
- B. Pregnant or nursing females.
- C. Hemodynamically unstable patients for whom general anesthesia or sedation is contraindicated.

II. ADVERSE REACTIONS:

- A. Hypotension, myoclonus, injection site stinging, burning or pain, apnea lasting 30-60 seconds, arrhythmias, bradycardia, cardiac output decrease (1% - 3%), tachycardia, puritis, pancreatic, respiratory acidosis, agitation, anaphylaxis, anaphylactoid reaction, anticholinergic syndrome, asystole, atrial arrhythmia, bigeminy, chills, cardiac arrest, delirium, discoloration (green urine, hair or nail beds, fever, leukocytosis, lactic acidosis).
- B. Propofol-related infusion syndrome (PRIS) is a serious side effect with a high mortality rate characterized by dysrhythmia, heart failure, hyperkalemia, lipemia, metabolic acidosis, and/or rhabdomyolysis or hyoglobinuria and subsequent renal failure.

III. WARNINGS AND PRECUTIONS:

- A. Anaphylaxis/hypersensitivity reactions: May rarely cause hypersensitivity, anaphylaxis, anaphylactoid reactions, angioedema, bronchospasm, and erythema; medications for the treatment of hypersensitivity reactions should be available for immediate use, use with caution in patients with history of peanut allergy.
- B. Hypertriglyceridemia: Because Propofol is formulated with a 10% fat emulsion, this condition is an expected side effect. Patients who develop hypertriglyceridemia (greater than 500 mg/dL) are at risk for pancreatitis.
- C. Hypotension: The major cardiovascular effect of Propofol is hypotension, especially if the patient is hypovolemic. Use with caution in patients who are hemodynamically unstable, hypovolemic, or have abnormally low vascular tone (sepsis).
- D. Propofol-related infusion syndrome (PRIS): PRIS is a serious side effect with a high rate of mortality characterized by bradycardia or tachycardia, heart failure, hyperkalemia, lipemia, metabolic acidosis, and/or rhabdomyolysis or myogloinuria with subsequent renal failure.
- E. Concurrent drug therapy issues: Concomitant use of opioids may lead to increased sedative or anesthetic effects of Propofol, more pronounced decrease in systolic, diastolic, and mean arterial pressures and cardiac output. Lower doses of Propofol may be needed.

Fentanyl may cause serious bradycardia when used with propofol in pediatric patients.

Alfentanyl use with Propofol has precipitated seizure activity in patients with a history of epilepsy.

IV. NUTRITIONAL DATA:

Each 1 ml of Propofol = 0.1 g fat (1.1kcal).

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1. <https://reference.medscape.com/drug/diprivan-propofol-343100> accessed 7/8/2021
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3. Freeman, CL, Evans, CS, Barrett, TW. Managing sedation in the mechanically ventilated emergency department patient: a clinical review. *JACEP Open.* 2020; 1: 263– 269. <https://doi.org/10.1002/emp2.12045>
4. Package Insert: PROPOFOL- propofol injection, emulsion, Hospira, Inc. Lake Forest, IL 60045 USA 7-18

COMMITTEE APPROVALS:

M/P&T: 6/8/2023
P&P: 12/21/2022
MEC: 6/27/2023



MAYERS MEMORIAL HOSPITAL (Fac ID# 11000)

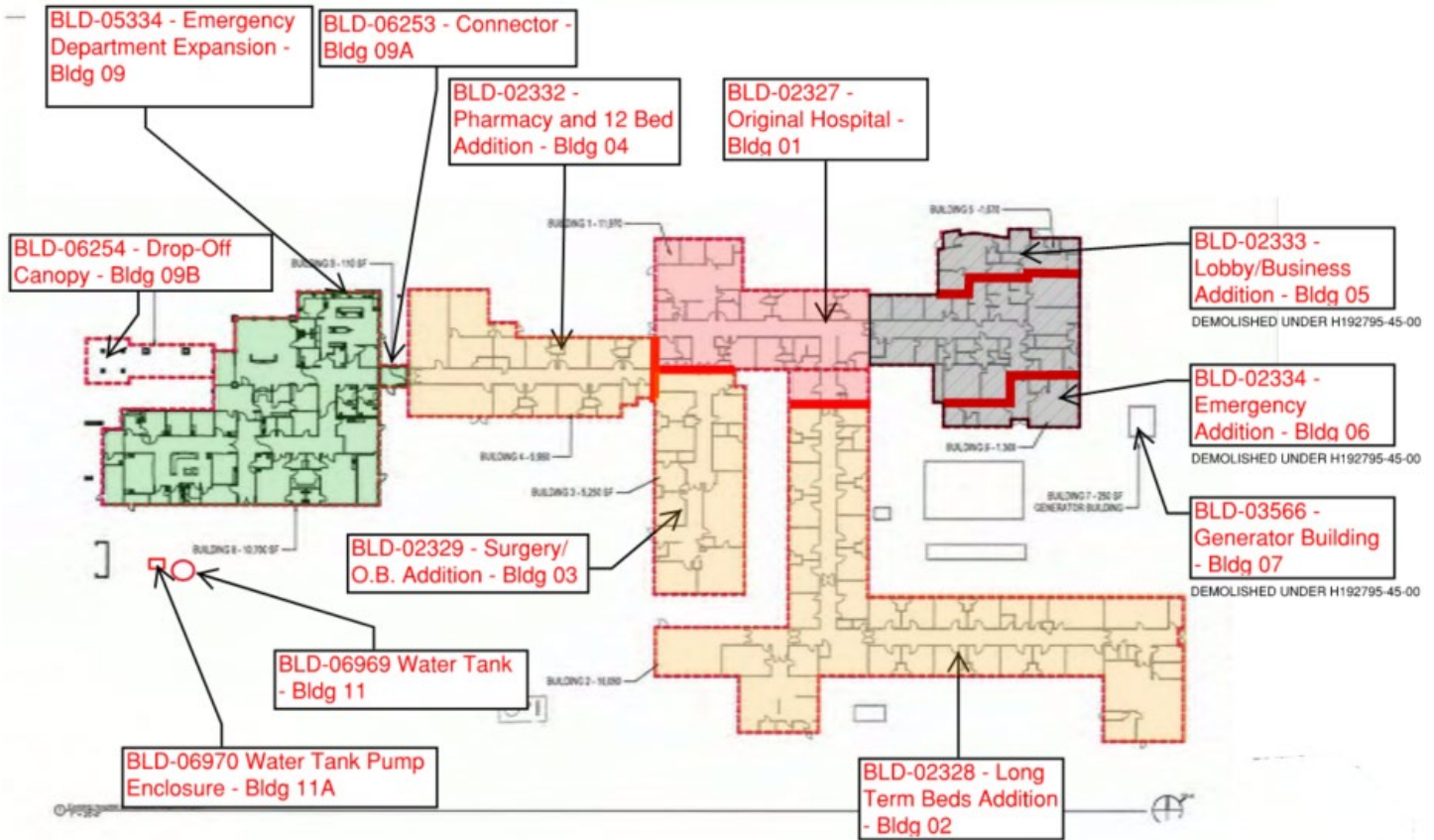
SB 1953 SEISMIC COMPLIANCE PLAN UPDATE

June 22, 2023

Aspen Street Architects, Inc.
Job Number 98013.08



EXISTING CONDITIONS



Existing Building Matrix

Existing Site/Campus Description

Mayers Memorial Hospital (Fac ID 11000) is located at 43563 State Highway 299E, in Fall River Mills, California. Acute care services are provided across 9 OSHPD-1 buildings on the Fall River Campus. Three other buildings are currently demolished under project H192795-45-00, but show up on the campus map due to the fact the project is not closed yet. The Hospital also has a Skilled Nursing Facility in the town of Burney, which is an OSHPD-2 facility.

SPC: The oldest building on campus, the Original Hospital (part of the building that was not demolished) is the only SPC-2 building remaining. The newest building completed in 2022, the Emergency Department Expansion, and associated Connector and Canopy are SPC-5. The rest of the buildings are SPC-4.

NPC: The existing campus is NPC-2. The newer buildings/structures built in 2022/2023 are noted as 4s/5.

HCAI BLD Number	Bldg Number	Bldg Name	Classification & Status	Governing Building Code	Year Built	SPC Existing	NPC Existing
BLD-02327	1	Original Hospital	OSHPD 1 In Service	1949 UBC	1953	2	2
BLD-02328	2	Long Term Beds Addition	OSHPD 1 In Service	1973 CBC	1976	4	2
BLD-02329	3	Surgery/O.B. Addition	OSHPD 1 In Service	1979 CBC	1981	4	2
BLD-02332	4	Pharmacy and 12 Bed Addition	OSHPD 1 In Service	1979 CBC	1987	4	2
BLD-05334	9	Emergency Department Expansion	OSHPD 1 In Service	2013 CBC	2022	5	5
BLD-06253	9A	Connector	OSHPD 1 In Service	2013 CBC	2022	5	5
BLD-06254	9B	Drop-Off Canopy	OSHPD 1 In Service	2013 CBC	2022	5	5
BLD-06969	11	Water Tank	OSHPD 1 In Service	2013 CBC	2022	n/a	4s
BLD-06970	11A	Water Tank Pump Enclosure	OSHPD 1 In Service	2019 CBC	2023	n/a	5
BLD-05268		Skilled Nursing Building - Burney Campus ***	OSHPD 2, Skilled Nursing Only	1992 CBC	1994	n/a	n/a

*** Burney Campus

2030 COMPLIANCE CONDITIONS

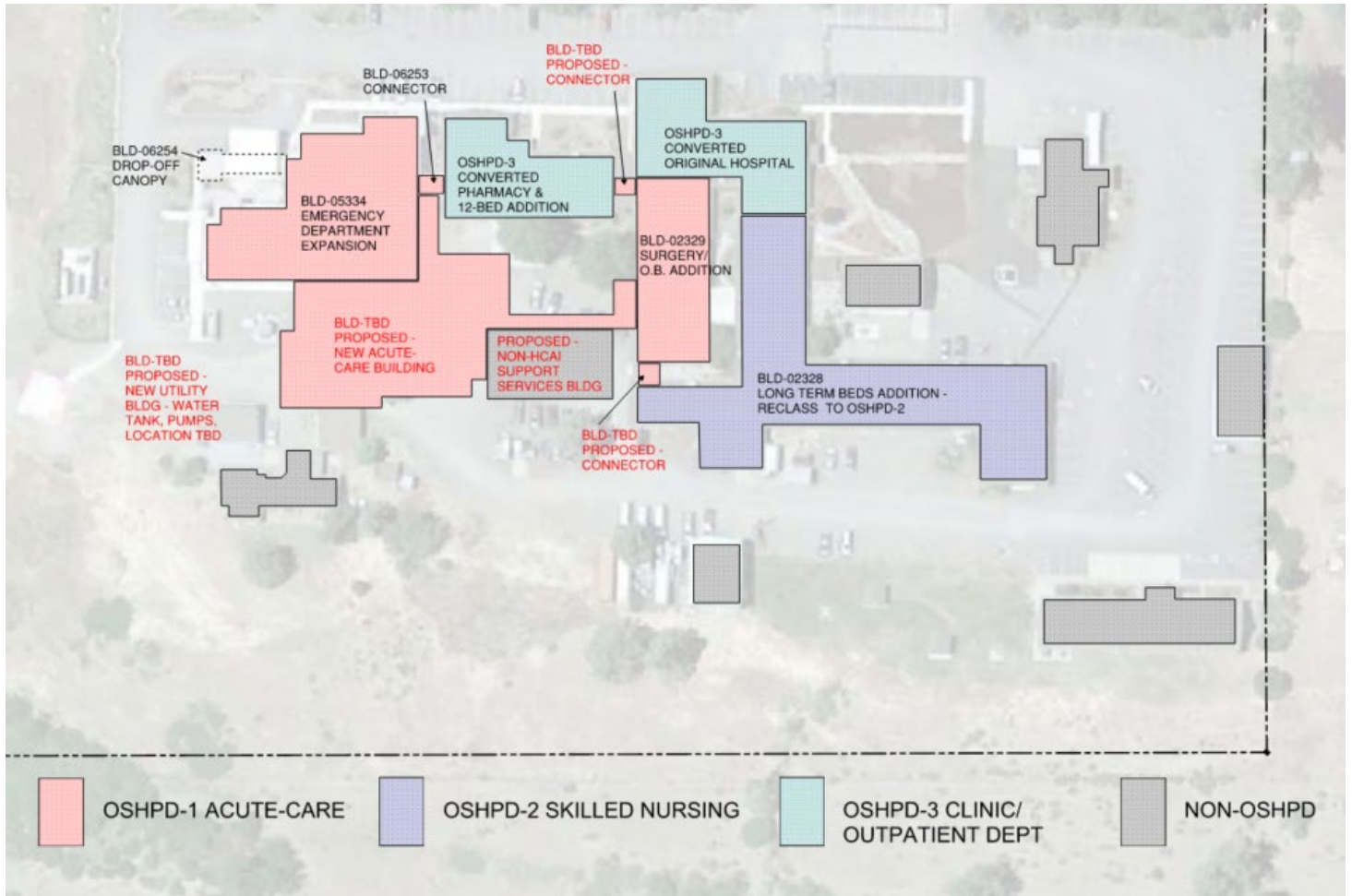
By the year 2030, Mayers Memorial Hospital intends to:

1. Construct a new Acute-Care Building for relocated GAC services (including Pharmaceutical, Medical, Administrative, and Central Supply), including:
 - a. Demo/Relocate Utility services buildings/structures as needed for new Acute-Care Building,
 - b. Campus NPC-5 upgrades.
2. Remodel the Surgery/O.B. Addition for new uses (including Dietary) and maintain OSHPD-1 status, upgrading to NPC-4.
3. Reclassify two of the older buildings on campus to OSHPD-3, and relocate GAC required services within to the new Acute-Care Building.
4. Reclassify the Long-Term Beds Addition to OSHPD-2.

HCAI BLD Number	Bldg Number	Bldg Name	Classification & Status	Governing Building Code	Year Built	SPC Existing	NPC Existing	SPC Proposed	NPC Proposed	Proposed Method of Compliance
BLD-02327	1	Original Hospital	OSHPD 1 In Service	1949 UBC	1953	2	2	*	*	Reclassify as non-acute/OSHPD-3
BLD-02328	2	Long Term Beds Addition	OSHPD 1 In Service	1973 CBC	1976	4	2	*	*	Reclassify as non-acute/OSHPD-2
BLD-02329	3	Surgery/O.B. Addition	OSHPD 1 In Service	1979 CBC	1981	4	2	4	5	NPC3/4/5 upgrades
BLD-02332	4	Pharmacy and 12 Bed Addition	OSHPD 1 In Service	1979 CBC	1987	4	2	*	*	Reclassify as non-acute/OSHPD-3
BLD-05334	9	Emergency Department Expansion	OSHPD 1 In Service	2013 CBC	2022	5	5	5	5	
BLD-06253	9A	Connector	OSHPD 1 In Service	2013 CBC	2022	5	5	5	5	
BLD-06254	9B	Drop-Off Canopy	OSHPD 1 In Service	2013 CBC	2022	5	5	5	5	
BLD-06969	11	Water Tank	OSHPD 1 In Service	2013 CBC	2022	n/a	4s	**	**	Demo - relocate
BLD-06970	11A	Water Tank Pump Enclosure	OSHPD 1 In Service	2019 CBC	2023	n/a	5	**	**	Demo - relocate
BLD-05268		Skilled Nursing Building - Burney Campus	OSHPD 2, Skilled Nursing Only	1992 CBC	1994	n/a	n/a	n/a	n/a	
TBD		New Acute-Care Building		TBD	TBD			5	5	
TBD		New Utility / Water Tank, Pumps		TBD	TBD			5	5	

* to be removed from acute-care status
 ** demo and relocate service

2030 Compliance Site Plan



BUILDING SERVICE INVENTORY

List of Services	Existing Building Location - 2022	Proposed Building Location - 2030
Basic Services		
Med/Surgical Units	BLD-02327 Original Hospital	relocate to new Acute-Care Building
Surgical Services	BLD-02329 Surgery/O.B. Addition	removing service, relocate to new Outpatient Building in Burney
Anesthesia/Recovery	BLD-02329 Surgery/O.B. Addition	removing service, relocate to new Outpatient Building in Burney
Clinical Laboratory	BLD-05334 Emergency Department Expansion	BLD-05334 Emergency Department Expansion
Radiological	BLD-05334 Emergency Department Expansion	BLD-05334 Emergency Department Expansion
Pharmaceutical	BLD-02332 Pharmacy and 12 Bed Addition	relocate to new Acute-Care Building
Dietetic	BLD-02328 Long Term Beds Addition	relocate to BLD-02329 Surgery/O.B. Addition
Support Services		
Storage	BLD-02332 Pharmacy and 12 Bed Addition	relocate to new Acute-Care Building
Morgue	n/a, less than 50 beds	n/a, less than 50 beds
Administrative Space	BLD-02327 Original Hospital	relocate to new Acute-Care Building
Central Sterile Supply	BLD-02329 Surgery/O.B. Addition	relocate to new Acute-Care Building
Employee Dressing Rooms & Lockers	BLD-05334 Emergency Department Expansion	BLD-05334 Emergency Department Expansion
Laundry	BLD-02328 Long Term Beds Addition	n/a
Supplemental Services		
Emergency - Standby	BLD-05334 Emergency Department Expansion	BLD-05334 Emergency Department Expansion
Intensive/Critical Care	n/a	n/a
Perinatal Services	n/a	n/a
Therapy Services/Cardiac Rehabilitation	BLD-02328 Long Term Beds Addition	relocate to reclassified Pharmacy and 12-Bed Addition as OSHPD-3
Dialysis	n/a	n/a
Outpatient Services		
IV Infusion	BLD-02327 Original Hospital	relocate to reclassified Pharmacy and 12-Bed Addition as OSHPD-3
Phlebotomy	BLD-05334 Emergency Department Expansion	BLD-05334 Emergency Department Expansion
Rural Health Center	OSHPD-3 Building in Burney - local jurisdiction	OSHPD-3 Building in Burney - local jurisdiction
Surgery	BLD-02329 Surgery/O.B. Addition	relocate to new Outpatient Building in Burney, OSHPD-3
Wound Care	BLD-02327 Original Hospital	staying, but building reclassify as non-acute, OSHPD-3
Others:		
Physical Therapy	local jurisdiction building	relocate to reclassified Pharmacy and 12-Bed Addition as OSHPD-3
Skilled Nursing Care Services	BLD-02328 Long Term Beds Addition & BLD-05268 Skilled Nursing Building Burney Campus	BLD-02328 Long Term Beds Addition (reclass as OSHPD-2) & BLD-05268 Skilled Nursing Building Burney Campus
Respiratory Care Services	BLD-02329 Surgery/O.B. Addition	relocate to reclassified Pharmacy and 12-Bed Addition as OSHPD-3

COMPLIANCE PROGRAM SCHEDULE

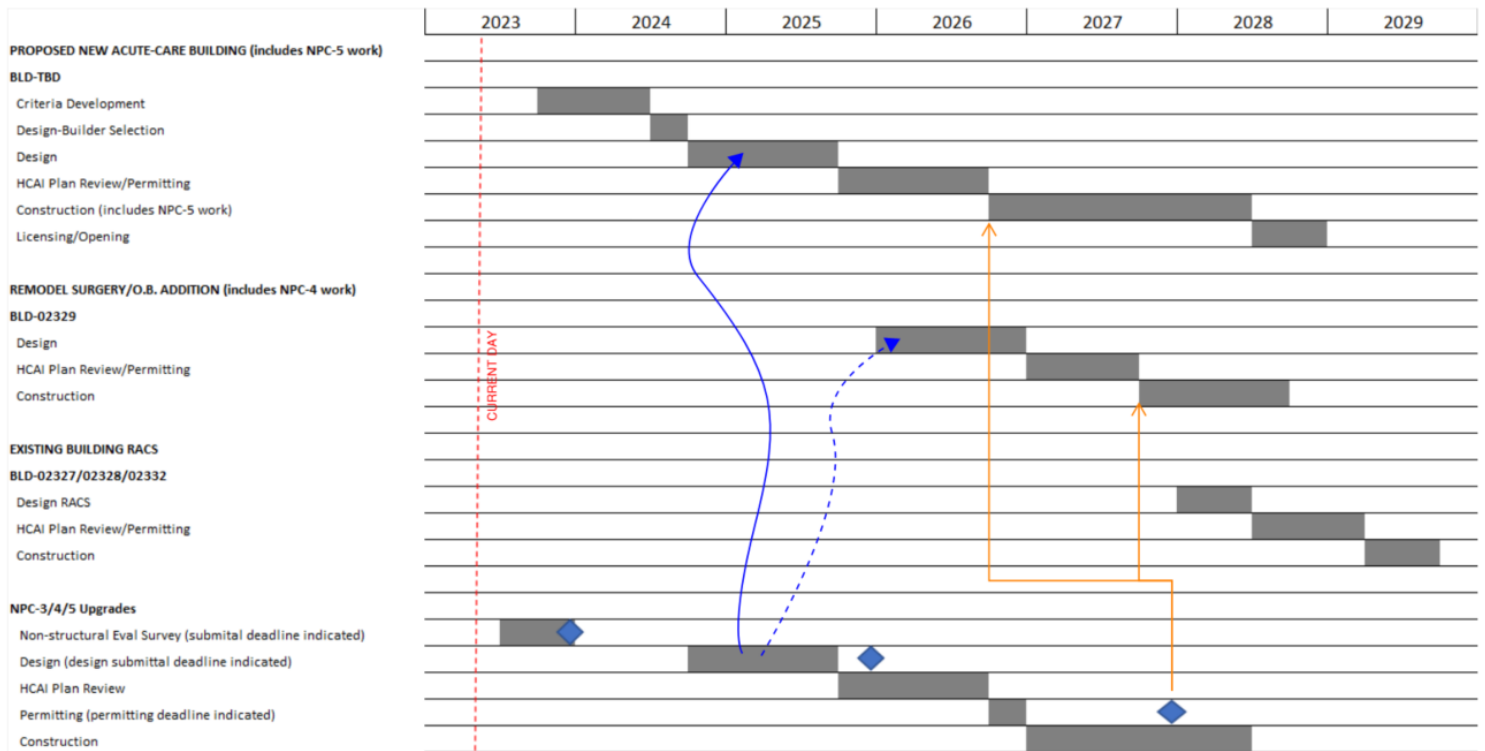
Mayers Memorial Hospital is currently finalizing updated masterplan documents. The 2030 compliance conditions noted previously outline the planned building changes.

1. The Hospital intends to construct a new Acute-Care Building for relocated GAC services (including Pharmaceutical, Medical, Administrative, and Central Supply),
 - a. This project will also demo/relocate utility services as needed.
 - b. This project will also include the NPC-5 upgrades for the campus, with new water storage capacity and waste storage capacity, as well as fuel for the generator (as needed).
 - c. Schedule
 - i. The intent is to be in design starting 2024 in to 2025, with submittal for plan review by mid-2025. The NPC-5 requirements will therefore be submitted prior to the 1/1/26 deadline.
 - ii. The intent is to be in construction by mid-2026, ahead of 1/1/28 deadline for NPC work.

2. Remodel the Surgery/O.B. Addition for new uses (to include Dietary) and maintain OSHPD-1 status,
 - a. This project will include NPC-4 upgrades to the building.
 - b. Schedule
 - i. The intent is to be in design late 2025 in to 2026. Therefore, the work related to NPC-4 upgrades (a piece of the larger full remodel of this building) will not be submitted prior to 2026. This NPC work is planned to be concurrent with the full remodel and reuse of this building.
 - ii. The intent is to be in construction by mid-2027, ahead of the 1/1/28 deadline for the permit related to NPC work.

3. Reclassify two of the older buildings on campus to OSHPD-3, and relocate GAC required services within to the new Acute-Care Building,

4. Reclassify the Long-Term Beds Addition to OSHPD-2.





Operations Report July 2023

Statistics	June YTD FY23 <i>(current)</i>	June YTD FY22 <i>(prior)</i>	June Budget YTD FY23
Surgeries			
➤ Inpatient	0	0	TBD
➤ Outpatient	0	0	TBD
Procedures** (<i>surgery suite</i>)	0	0	TBD
Inpatient	1833	2308	1771
Emergency Room	4371	4244	4300
Skilled Nursing Days	28591	26889	27425
OP Visits (OP/Lab/X-ray)	15879	19605	14679
Hospice Patient Days	948	1555	1256
PT	2468	2493	2534

*Note: numbers in RED denote a value that was less than the previous year.

**Procedures: include colonoscopies

Human Resource
July 2023 Board Report
Submitting by Libby Mee – Chief Human Resource Officer

Staffing and Recruitment

Surgery

The HR team traveled to Modoc Medical Center on Thursday the 20th to meet with their HR and Surgery department leadership. As MMHD will be reopening our Surgery Department, we are revisiting conversations about sharing recruitment resources and shared Surgery staff to include Surgeon, CRNA and Scrub Tech. The meeting was very productive, and the primary focus is going to be finding a perm CRNA for both facilities. The Modoc team is going to share contacts with CRNA and Surgeons they are currently working with. Additionally, Modoc's Scrub Techs have agreed and are interested in coming down and working for Mayers until a perm Scrub Tech is found.

EMS/REMSA Partnership

The team continues to support the onboarding of the new EMS staff to MMHD. Staffing of Paramedics continue to be a challenge, but since the last report, we have been able to add 2 Per Diem Paramedics to the team.

Certified Nursing Assistant Program

The MMHD recently graduated another round of CNA students, and the program continues to have a 100% pass rate. The next class will be starting in early August, with 7 students currently enrolled. This will be the largest class they we have done so far and with successful completion, we will be very near fully staffed for CNAs.

Licensed Vocational Nurse Program

We are continuing logistical conversations with the Director of Health Sciences Operations and Outreach with Shasta College to implement an in house LVN program. Multiple options for the program are being discussed. I have also been working with nurse leadership to determine how many MMHD employees would be interested in the program, as this will be a primary factor if Shasta College would be able to do the program.

The Smart Center Support Programs

We are partnering with The Smart Center through their "On the Job Training Program" and "Work Experience Program" starting with 3 Housekeepers and 3 Food & Nutrition Aide/Cooks. In both programs, each entry-level employee will be assigned a mentor to help them create a list of attainable goals, that will assist them in becoming successful employees in their specific fields (ie: Obtaining their food handler's license, operating specific machinery, meeting important deadlines). If employees qualify for the "On the Job Training Program", The Smart Center will reimburse MMHD for 50% of their base wage for 3 months. If employees qualify for

the "Work Experience Program", The Smart Center will reimburse MMHD 100% of their base wage for 8 weeks. We are looking forward to offering additional support to these employees, while also making sure both programs work well for both employees and managers.

Peer Mentorship Program

As part of last year's recruitment strategy committee, Theresa and her team piloted an employee peer mentorship program in the Nursing Division. The program matches a newly hired employee with a current employee to form a working relationship that will provide a positive, professional and educational support system. As the program has been a success with a newly hired nurse, the HR team will be taking over the program and making it available to all new MMHD employees.

Tuition Assistance and Retention Programs

We are working on finalization of the Tuition Assistance and Annual Retention Programs so we can formally roll out the programs and make them available to staff to utilize.

Employee Health and Wellness

Employee Safety and Wellness Initiatives

Dana has reengaged in building the Safe Patient Handling and Mobility program in partnership with BETA. This program will promote the use of safe patient handling principles and evaluation of procedures and processes, thereby reducing employee injury while improving patient care. Many department leaders have made successful completion of this program a Pillar goal for the year.

Dr. Watson and Ashley have been continuing their research of a few mental health programs, such as Modern Health, Headspace + Ginger and Lyra. They are in search of a program that offers numerous options to employees, while overcoming the barrier of therapist confidentiality. These options include virtual therapy sessions, group therapy, self-led care, 24/7 live messaging and phone calls, Psychiatry, family group therapy and resources. Pricing for all programs will be given to leadership and a decision will be discussed. Once pricing has been discussed, Ashley will complete a MMHD Foundation grant application before the end of July, to potentially help with the first-year costs.

Ashley has been working on revamping participation in the Wellable App through the monthly employee newsletter and bulletin board located by the FR ER. She plans to engage employees through monthly themes, the EA-Team, appreciation days and resources.

Work Related injury and Illnesses

To date, we have had 3 reportable claims resulting in 19 days away from work. No new reportable injuries over the last month.

There have been 8 first aid injuries resulting in 1 day away from work.

EMPLOYEE STATISTICS

AS OF JULY 19 2023

298

Total employees

21

Open Requisitions

47

Available Positions

PAYCOM:

18

Active Applications

RECRUITING AGENCIES:

3

Active applications



13

People hired/rehired total



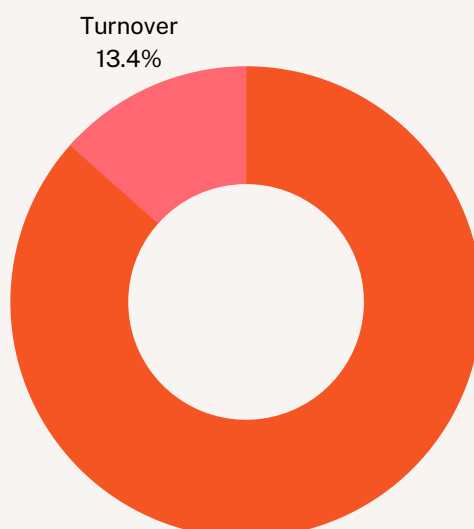
JULY RETENTION VS. LOSS

3

people terminated their employment

2023 HIRED VS. TERMED

51 employees hired & 45 termed for a total of 335 employees



Total Employees 86.6%



Bolded = Actively Recruiting

***** = Top Priority

Positions:

available:

Accountant

1

Clinical Lab Scientist

1 FT, 1 PER DIEM

***Director of Skilled Nursing**

1

Emergency Dept Medical
Director

1

***Emergency Dept
Supervisor**

1

Food & Nutrition Aides

2

Housekeeper

1

**Med/Surg Acute Charge
Nurse**

1

Med/Surg Acute CNA

1

ER RN

1

***Pharmacist**

1

***Retail Pharmacist**

1

Rural Healthcare EMT

2-4 PER DIEM

Rural Healthcare Paramedic

2 FT, 2 PER DIEM



BOLDED= *Actively Recruiting*
*******= *Top Priority*

Positions: # available:

Front Office Clerk	1
--------------------	---

*Skilled Nursing CNA	10
-----------------------------	----

*Skilled Nursing RN	3
----------------------------	---

*Skilled Nursing LVN	11
-----------------------------	----

*Scrub Technician	1
--------------------------	---

Chief Public Relations Officer – Valerie Lakey
July 2023 Board Report

Legislation/Advocacy

The legislator is in recess right now, so action has slowed down a bit. We will have a call prior to the board meeting, so I will be able to give you more current updates.

[AB 869](#) would provide seismic retrofitting relief for certain rural and district hospitals, including a five-year extension of the 2030 seismic deadline. It would also allow some of these hospitals — if the cost of meeting the seismic requirements would result in a financial hardship — an indefinite extension beyond 2035, until funds are appropriated by the state.

The bill is now a two-year bill.

[SB 525](#) was amended on May 25 and would now create a statewide \$21 minimum wage for all health care workers in any health care setting, including contractors, starting June 1, 2024. It would rise to \$25 on June 1, 2025. The minimum wage would also increase annually by 3.5% or the Consumer Price Index, whichever is **lesser**. During her May 31 presentation on the Senate floor, Sen. Durazo committed to her colleagues — without providing specific details — that she would amend the bill to address concerns around financially distressed and rural hospitals, the needs of clinics, and timing of the implementation.

Passed the Assembly Labor and Employment Committee on July 12. To be heard in the Assembly Appropriations Committee.

Marketing/Public Relations/Communications

The month of July has been busy so far with marketing and public relations activities. We have been working on a new marketing campaign, which I will hopefully be able to show you at the board meeting.

We had a good turn out for the mobile clinic open house. We served lunch and gave tours. Many of the providers patients came out for the event. Letters were sent to all of Heather Corr’s patients letting them know about the mobile clinic and the open house.

We attended the Pit River Health Fair on July 14th down in Burney. This was a very well attended event. MMHD had representation from Hopsice and Respiratory. We also had a lot of information on the services of our district. We gave out a lot of “swag” and brochures. David from respiratory performed PFT screenings and was able to establish a list of people that needed follow-up.

The ambulance crew made a visit to Fall River Elementary to show the summer Project Share students the ambulance.

We are gearing up for the fair booth which will be here before we know it. We will be looking for staff and board members to help us out in greeting fairgoers. A schedule will be sent out soon.

We have designed new brochures and marketing materials and will be having them printed and available for the fair booth and upcoming career fairs.

We are working with Respiratory to put together provider information for clinic visits to market the services of the Respiratory Department.

For the montly quality meetings, we have been tracking a variety of metrics to determine strategy for our marketing plan. The data we are now tracking on a monthly basis is very helpful in planning posts, content and posting times. We are seeing an uptick in traffic and page visits to the employment, clinic and retail pharmacy pages continues to increase.



Foundation

Department award applications have been sent out to MMHD leadership. These are due to the foundation by July 31. Applicatins will be reviewed by MMHD Executive Leadership and then sent on to MHF Finace and full board for approval. Awards will be announced in September.

Don't forget the Golf Tournament on August 12th. We need sponsors, golfers and volunteers!

Other

We are re-certified! All of the items have been submitted and accepted by ACHD to complete our Healthcare District Certification process. We will be due again in 2026. This is a big accomplishment and badge for our District!



**June Board Report
Clinical Division
7/17/2023**

Retail Pharmacy

- Keith Earnest is filling the role of Pharmacist-in-Charge and the change of license has been filed. CII inventory and reconciliation was completed per law. Controlled substance ordering was approved for Keith Earnest by the DEA and is working well.
- Ruben Angeles, Pharm.D., RPh, is our registry pharmacist. Staff report that it is working well.
- Pharmacy Quality Commitment is our medication error reporting system for the retail pharmacy. This system is a federal list Patient Safety Organization, and all data is protected from discovery under the Federal Patient Safety Act. Medication errors are tracked and entered promptly into the system. Kristi Shultz, Associate Manager, has implemented this system in accordance with California Regulations.
- To keep inventory under control min/max stock levels are established. We purchase 100 count bottles to decrease the inventory on the shelf. When 100 count bottles are not available, and we have to buy 500 count bottles a system is in place to return the 500 count bottles if the 100s come back in stock. Kristi reviews the decision each time a 500 count is ordered.
- The iPad to collect signatures is in place at the drive-thru as signatures can no longer be waived due to COVID restrictions.

Hospital Pharmacy

- The barrier isolator used in the pharmacy to compound sterile IVs did not pass recertification and the initial round of repairs was unsuccessful. With the advice of Alex Johnson, facilities engineer, we had another company assess the barrier isolator. Enviro Certification Services tested the hood and recommended over \$6000 in repairs. End of life for the barrier isolator is estimated to be 2025. The replacement machine is less than \$13,000. It was decided to replace, and the order has been placed for the new machine.
- The goal is to certify the new machine and have all the associated policies and procedures updated prior to the annual inspection in August.
- Maintenance is repainting and repairing the designated compounding area room while there is no barrier isolator in the room.

Laboratory

- The chemistry analyzer went down on June 19th due to a computer failure and was restored June 30th. We are working on a redundancy plan and weighing our options on replacing the chemistry analyzer.
- Sophia Rosal, CLS, is now the permanent manager.
- Quality procedures for blood use review are in place. Next steps will be learning how Cerner can assist in our quality process.
- Urinary screening for fentanyl will go live in August.

Respiratory Therapy

- David Ferrer, RT, manager, along with staff from Hospice and Public Relations, represented Mayers at the Pit River Health Clinic's Health Fair. David performed more than twenty pulmonary screenings.
- MaryAnn Worthan, RT, is working with PR and will be introducing herself and reviewing respiratory therapy services provided at Mayers, with the local Mountain Valley Clinics.
- There were some issues about quality control on the iSTAT machine for ABGs. Some issues were found in the process and programming. The issues have been resolved and retests will be performed the week of July 24th.

Imaging

- Interviews have been conducted with two candidates for Imaging Manager. I am hopeful that this position will be filled soon.
- Jack Hathaway, Quality Director, and Amanda Benson, Imaging Lead, are working to complete accreditation of the CT machine. All the documentation is ready to submit but the lack of an imaging manager caused a hang up with the American College of Radiology. Submission is anticipated by the end of the month.
- The new OnePacs contract has been deferred until October by OnePacs due to internal restructuring. This won't affect our go live with Cerner but the process to upload images will not be as smooth as we hoped until OnePacs is updated.

Cardiac Rehab

- Prior authorizations for cardiac rehab are now being performed by the PT scheduler, Stefanie Hawkins.
- Zita Beihle, Cardiac Tech, is completing award applications to the foundation for:
 - Home blood pressure monitoring—which will prevent patients from going to Redding and enhance our revenue stream
 - Holter monitor software—which will allow for readings to be downloaded on site and for reports to be sent to any cardiologist.
- We are exploring what it will take to become an accredited Cardiac Rehab program

NURSING SERVICES BOARD REPORT

July 26, 2023

CNO Board Report

- At time of this report, Burney Annex is on boil water advisory for E-Coli in the water system in Burney. Bottled water provided for drinking and bathing.
- Opening remains for DON-SNF. Recruiter continues to look for candidates for this position. Have had a couple of interviews for which were not a good fit for our facility. Britany maintains going between the two facilities with the support from CNO.
- In conversation with HR to increase efforts for LVN staff recruitment for SNF. Currently at St. 2 there are no LVN FTE. Utilizing registry.
- Pending SOC 341 self-reports reviewed and cleared by CDPH. No reports pending review.
- Cerner build continues on the Acute side with Integration Testing-Phase 1. Phase 2 will include OPS.

SNF

- Census- (79) Fall River- 32 Burney Annex- 28 Memory Care- 19
 - Fall River – 4 Female bed, 2 Male beds available.
 - Burney – 2 Female beds available.
- Burney Facility under Water Boil Advisory due to E. Coli being detected in the water supply.
 - Safety Office reported no concerns regarding bottled water supply at this time.
 - Infection Prevention Nurse on site to survey appropriate precautions are being met.
 - Maintenance Team shut off water in resident rooms to prevent exposure to our residents. Organized placement of hand-washing stations throughout the facility.
 - At this point Mayers Team has been effective in preventing any E. Coli exposure to our residents. Great Job Team!
- All four CNA Students passed their state test on 07/05/23.
 - Next CNA class scheduled to start on 08/07/23. Three students are currently enrolled.
- The Activities department continues to be fully staffed. The manager is reaching out to other facilities to build relationships and bring back ideas to better support our resident's needs.
- Continuing to struggle with staffing in-house nurses. Medifis and NPH are meeting our needs at this time to maintain staffing ratios.
- The search for a DON continues.
- Pending SOC 341 self-reports reviewed and cleared by CDPH. No reports pending review.

Acute

- June 2023 Dashboard
 - Acute ADC 1.7, LOS 3.19
 - Swingbed ADC 4.2, LOS 9.69
 - OBS:
- June Staffing: Required 8 FTE RN/LVN's, 2 PTE RN's, 4 FTE CNA's & 2 FTE Ward Clerks
 - Utilizing 2 PTE NPH traveler
 - Open positions: 1 FTE RN

Emergency Services

- June 23 Dashboard
 - Total treated patients: 419
 - Inpatient Admits: 20
 - Transferred to higher level of care: 20
 - Pediatric patients: 68
 - AMA: 2
 - LWBS: 2
 - LPTT: 4
 - Present to ED vis EMS: 49
- June Staffing: Required 8 FTE RN, 2 PTE RN's, 2 FTE Tech's
 - Utilized 4 FTE contracted travelers
 - RN Supervisor continues with temporary role of Clinic Project Manager for Cerner
 - Utilizing (1) contracted traveler to fill this open FTE position temporarily
 - Open positions: 1 FTE RN & 1 FTE Supervisor
 - Acute DON remains acting manager of unit until position is filled.
 - Interim manager hired with anticipated start July 31
- Hosted mandatory 8-hour in-service for all FTE RN's on care of the critically ill patient

Outpatient Surgery

- Interim manager has worked hard on building up our program w/ significant policy revision and planning education at Modoc for current staff.
- Planned re-open date October 1, 2023 – have notified all surrounding clinics to start receiving referrals.
- Scheduled Preventative Maintenance on Steris Machine with Representative (Date TBD).
- Scheduled Inservice on Endoscope Reprocessing with Steris Rep (Date TBD).
- Scheduled Inservice on Olympus equipment for EGD's and Colonoscopies (Date TBD).

OPM—See Department Board Report

- The Outpatient Census (*110 approx. a month*) Census is increasing. April was 136 patients and 158 procedures. May 114 patients and 129 procedures. June increased census to 184 patients, and 222 procedures.

Clinical Education Report

- **Nurse Assistant Training Program (NATP)**- All four CNA Students passed their state test on 07/05/23.
 - Next CNA class scheduled to start on 08/07/23. Three students are currently enrolled.

Respectfully Submitted by Theresa Overton, CNO

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- The contract change order has been signed to move forward with Master Planning Criteria Documents. This will be a 9-month process to create the criteria documents for phase I of our master plan.
- At the Burney Fire Alarm Panel kickoff meeting with MMHD, HCAI, and the contractor, HCAI requested some revisions to the approved construction documents. The contractor is working on those revisions before work commences.
- The Veregy proposal will be presented to the board finance committee this month. Work continues on the construction contract with our legal team.
- TriPath is scheduled to conduct a site visit for cable management on July 20th. This issue was identified in our ACHC gap survey and will need to be addressed before accreditation.
- Work continues on the facilities, Dietary, and EVS portions to correct gaps identified in our ACHC survey. Roles have been assigned for the physical plan, life safety, emergency preparedness, and infection control sections of the ACHC accreditation.
- The meeting with HCAI to cover AB2511 did provide some clarification on the project scope for the Burney Annex. CMS requires facilities to establish procedures that determine how the heating and cooling of their facility will be maintained during an emergency, including when there is a loss of the primary power source. It was noted that facilities are not required to heat and cool the entire building evenly but must ensure safe temperatures are maintained in areas deemed necessary to protect patients, other persons, and stored provisions. This will require MMHD to do a facility risk assessment to determine these locations and get the risk assessment approved by both CDPH and HCAI.
- John and I also attended a virtual HCAI conference on Non-Structural Performance Categories (NPC) requirements and AB1882. The requirements for compliance with NPC are as follows:
 - Building Evaluations Completed by January 1, 2024
 - List of Buildings to be removed from Acute Care services by January 1, 2024
 - NPC design documents are due by January 1, 2026
 - Completion of the permitting process by January 1, 2028
 - Completion of all NPC work by January 1, 2030.

All of these milestones were identified in our seismic compliance plan which has been accepted by HCAI. The HCAI-approved compliance plan is in the board packet for review.

- Our environmental rounding and emergency management solution kickoff will be held on July 27th. Veoci, the vendor selected for this solution has the ACHC standards, and they will be building the platform to that level of compliance.
- The facilities and engineering department has been working with nursing, infection prevention, and emergency management to keep our residents as comfortable as possible during the e-coli outbreak in Burney.

- Over the next year, John Morris (PM) will be attending American Society of Healthcare Engineering (ASHE) workshops and conferences to further his healthcare construction education, and Alex Johnson (Facilities and Engineering Manager) will be preparing for and taking the Certified Healthcare Facility Manager exam. I appreciate both of them for their willingness to continue to grow and better their understanding of their positions.

IT

- The Nutanix upgrade that was approved by the board at last month's board meeting is scheduled to ship on August 4th. We should have the upgrade in place by the end of August.
- OneContent's go-live is scheduled for August 15th. We have education and regression testing scheduled over the next couple of weeks.
- Work continues on the Cerner implementation. Interface work is going to take up the majority of the IT department's time between now and go live. We continue to work on printers, scanners, e-signature, Nuance/Dragon, DCWs, Multi-factor authorization, etc. for the implementation.

Food & Nutrition Services

- Our priority for the past two weeks is keeping our Burney Residents happy and safe with the E. Coli situation in Burney.
- Our Dietary Managers and Registered Dietician continue to conduct weekly calls and training for the Cerner implementation.
- Policies and Procedures are getting reviewed and updated to meet the ACHC accreditation requirements.
- We are looking for additional Registered Dietician coverage for MMHD due to changes in the department.

Environmental Services & Laundry

- Linen Helper software training will take place this month.
- All infection prevention training with the staff has been completed. We will do annual training on infection prevention.
- Recently hired 4 new employees – 3 for Fall River and 1 for Burney.
- Soiled linen handling continues to be an issue. The EVS/Laundry department is still receiving a significant amount of soiled and damaged linens at the laundry facility.
- Over the next year, Sherry Yochum (EVS Manager) will be preparing for and taking the certified healthcare environmental services professional exam. I am looking forward to seeing Sherry accomplish this goal.

Rural Health Clinic

- We received our Family Pact approval. There will be an eligibility training for the staff on Wednesday, July 26th. Once the training is complete, we will be ready to implement the program.

- The mobile clinic opening was a success with no major setbacks. We are working to get shore power established at the mobile clinic site to minimize noise and generation issues with the high temperatures.
- The mobile clinic's grand opening was successful. There were a lot of people that stopped by for lunch and a tour of the unit.
- The RHC hosted after-hours walk-in sports physicals in Burney on July 6th from 5:00 to 7:00 pm. We will host another walk-in opportunity in Burney on July 19th from 5:00-7:00 pm. The Fall River sports physicals will need to be rescheduled due to issues with the mobile clinic generator overheating with these high temperatures.
- The RHC staff have been working on the Cerner implementation during the last month.
- The RHC ended on a down year in terms of revenue, but still expanded services in our district and provided a benefit to our patients and community. It also increased referrals to other departments within the district improving their performance. In the past year, we have increased provider staffing which in turn increased provider availability for the community. I am looking forward to the transition to Cerner as the RHC billing through EPIC continues to be challenging concerning how the clinic is truly performing month to month. I am confident that our provider's patient panel will continue to grow in FY24 and with the addition of the mobile clinic we will be able to provide RHC services to the Fall River community as well.
- Kim Westlund (RHC Manager) will also pursue a certification as a rural health clinic professional by taking the CRHCP exam. I am looking forward to seeing Kim's progress in achieving this goal.

Employee Housing

- Joey is currently working on securing our undeveloped section of property down by the river. Since the BLM Campground opened, there have been a few instances where fishermen/ campers have strayed off BLM ground onto Lodge Property. Joey has an open line of communication with the BLM Campground Manager. Updated fencing and signage would help resolve some of the issues.
- The sign-in system for NPH travelers has helped avoid confusion this past month. Due to the high frequency of these travelers through the main lodge and scheduling issues, a second form of checking in and checking out was necessary.
- We currently have 14 staff members in the houses, and we lodge around 10 travelers per week in the main buildings.

CEO REPORT JULY 2023

What a month. We've had the e-coli outbreak in the water in Burney. We had the fire there in Burney as well right behind the annex. Cerner was trying to change our go live date, and of course the opening of the new mobile clinic in the first monthly community engagement with the open house that we did for it. Ambulances breaking down...after finally getting one of them registered.

- Let's start with the e coli outbreak in Burney. We were notified of the outbreak on Wednesday the 12th, but they didn't call us. We found out via social media and word of mouth from other people. We had conversation with the water district and explained to them that if something like this happens in the future they need to call us directly as soon as they are aware. They apologized, and agreed that is how they will handle it going forward. The team has done a phenomenal job with the response. We have had plenty of water on hand to last us well over a week, and we have bath wipes for bathing the residents during this time as well as hand wash station set up for staff. CDPH was made aware what was going on and what we were doing in response and they were very pleased with our actions. Our system will need a half day to completely clean it out after we're given the thumbs up to run water again. Hopefully by the board meeting next week everything will be cleared up and we be good to go.

- As far as the fire is concerned, some of our homeless population that camp out behind the annex started that up. Apparently it happened more than once, or it was the same fire just not completely put out the first time. The good news is, the response was pretty good and we didn't really have anything to worry about but it is something that we're being mindful of, especially this time of year.

- We (Ryan, Travis and I) met with the folks from New Hampshire who created the system between the critical access hospitals over there. It was a very good meeting, we were able to ask a lot of questions and glean a lot of information from them. We found out what they would do differently and some of the pain points that they had going through the process.

We spoke to the other CEOs about it at our regional meeting on the 20th. Every CEO was on board with taking the next steps to look into what that will look like for us and how we would set it up. They are going to speak with their boards about it as well and make sure they are good with the idea. More to come on this one but it is very exciting and could be a huge game changer for all of us.

- Cerner wanted to try and push back our go live date. We told them that that was not an option for us at this time. We told them that we're doing everything on our end and they

need to deliver on their end. As it stands right now we're good to go on our 17th of September go live date. It's definitely been quite a bit of work and a pretty big headache working with them because of the issues that they're having with staffing. We're hoping that it doesn't continue to move in this direction as we go forward. If it does, the probability that we will have to push back our go live date increases.

The staff are getting burnt out and fatigued with everything that's been going on lately and we really need the go live to stay on time so we can have this win for the team. I think many of them will be pretty upset and feel a little bit dejected if we have to change the go live date. We will continue to push on our end to make sure that everything goes as planned but it is going to be a big lift.

- The opening of the Mobile clinic has gone very well. We currently have it open Monday through Wednesday and Heather has some very good days as far as patient volume is concerned. The feedback so far has been very positive. We are discussing the possibility of adding another day and being open Monday through Thursday.
- The open house on Thursday went really well and we had a good turnout as well. Lots of people coming and touring. We only had one full pack of hot dog left which is a good sign. It was pretty good for our first community event. I'm looking forward to the next one.
- On the ambulance side, we've been having a lot more issues with Burney Fire. They're calling off their ambulance and then when we respond Burney fire is there and the crew that they have is the same crew that they would have for an ambulance crew. There have been a few other hiccups with them as well that we've been reporting to SSV where appropriate. It's going to get interesting if this keeps up but definitely something we are watching.

The ambulance that we bought and had the registration issues with (which are resolved now) was in the shop getting the AC repaired (we have it back now and everything is working properly) Before we purchased it SEMSA "fixed" it but apparently they overcharged it and it blew out the hoses and a few other things that we needed to get fixed. Along with that the old ambulance broke down on a patient transfer down to Redding. It had very little power and blows a lot of black smoke. We've got to get that one fixed as well and find out what's going on.

We still don't have a contract with REMSA and after speaking with Gonzo it looks like we will probably just do a consulting contract with REMSA. I spoke to Matt about it and there are some changes coming to REMSA that may make this a better option outside of the potential financial savings. We will speak about this more at the board meeting.

- We are looking some interesting options for hospitalist coverage that we are hoping will help with provider burnout and decrease our costs. We have had a couple of conversations with a group about this and on paper it sounds like a great option for us.

We are waiting for a proposal from them to see what the numbers look like. More to come here.